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(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

AONIHS DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 8 Airway Circle, Apt. 1-C Malone 3404 Lansdowne Ct. Charles F. Pepersack - Edgewood, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in any) (aur) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED Oak Lawn Cemetery Baltimore Duda-Ruck, Inc. DHMH - 16 50M 1/81 (VRA 15, 4) 7922 Wise Avenue, Dundalk, MD 21222

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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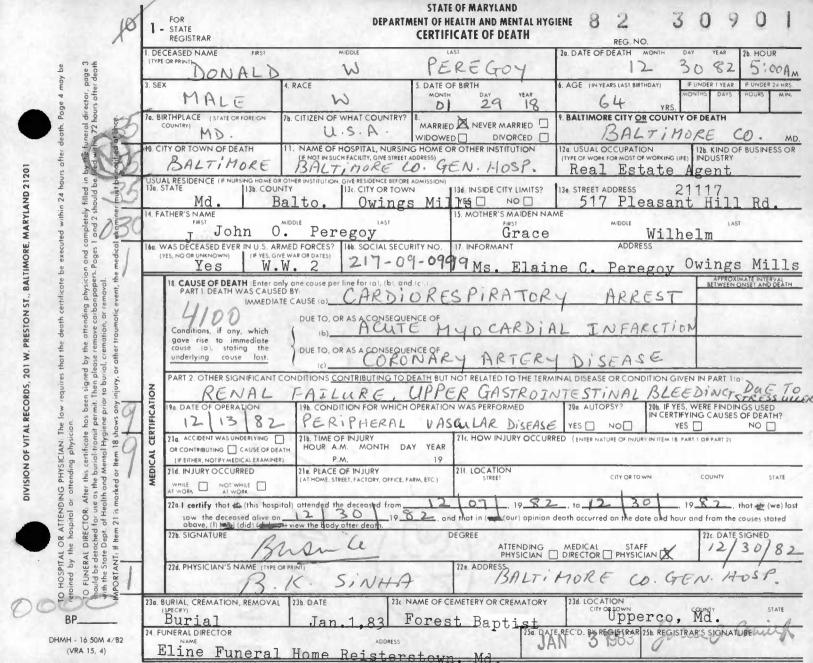
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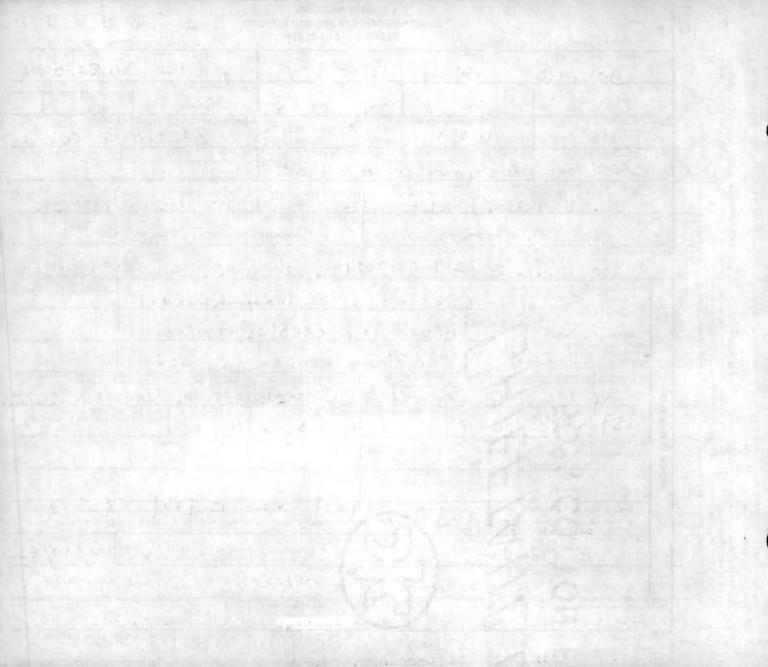
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

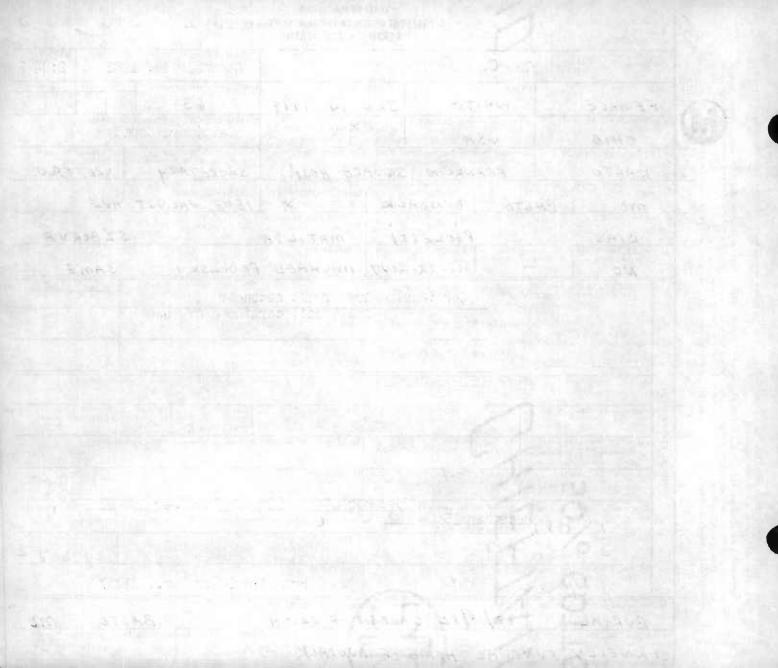
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

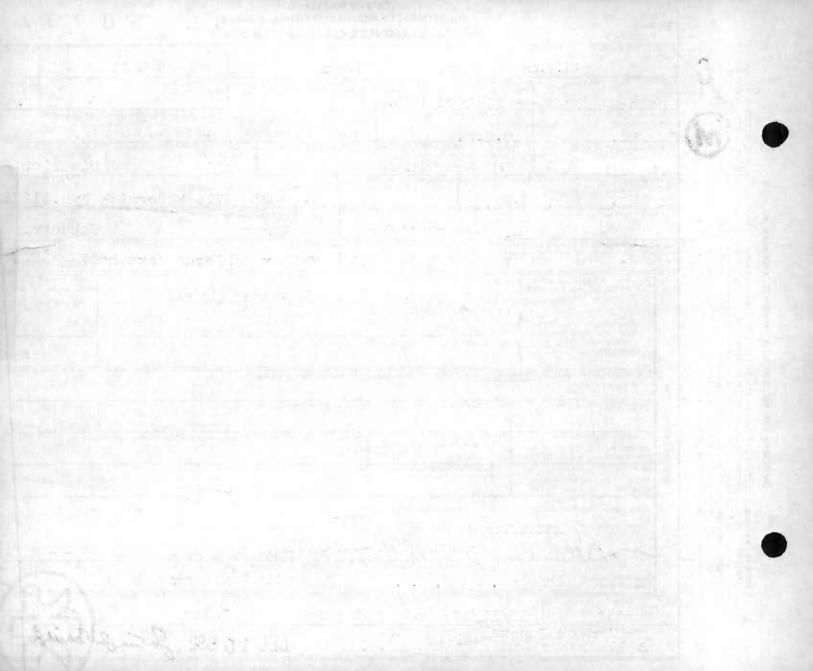
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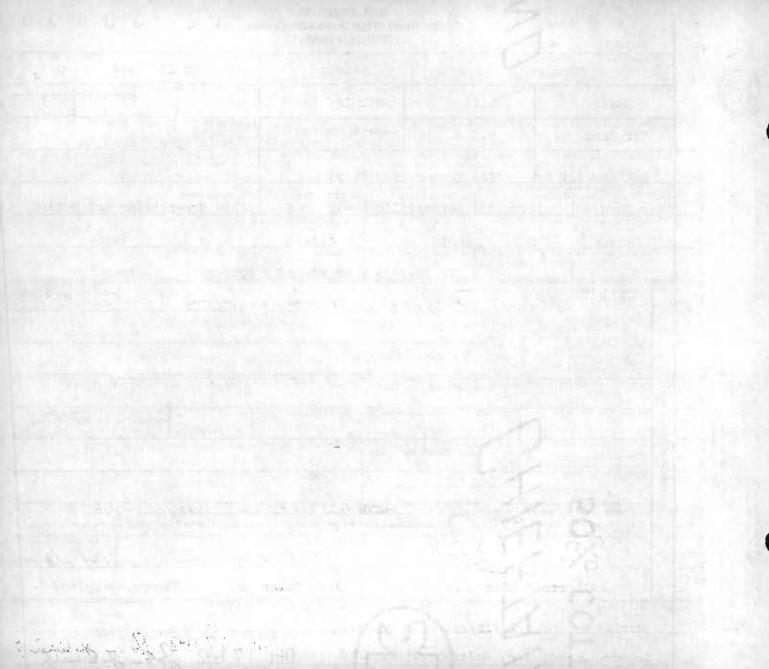


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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24 FUNERAL DIRECTOR LIST TO DATE REC'D. BY REGISTRAR 25 NEGISTRAR'S SIGNATURE	2111	24. FI	ERAL DIRECTOR LIST TALE DA 250 DATE REC'D. BY REGISTRAR'S SIGNATURE
(VRA 15, 4) 1630 Edmondson Avenue Catonsville, Md. 21228 DEC 30198		1	30 Edmondson Avenue Catonsville. Md. 21228 DEC 30198

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DHMH - 16 50M 4/82 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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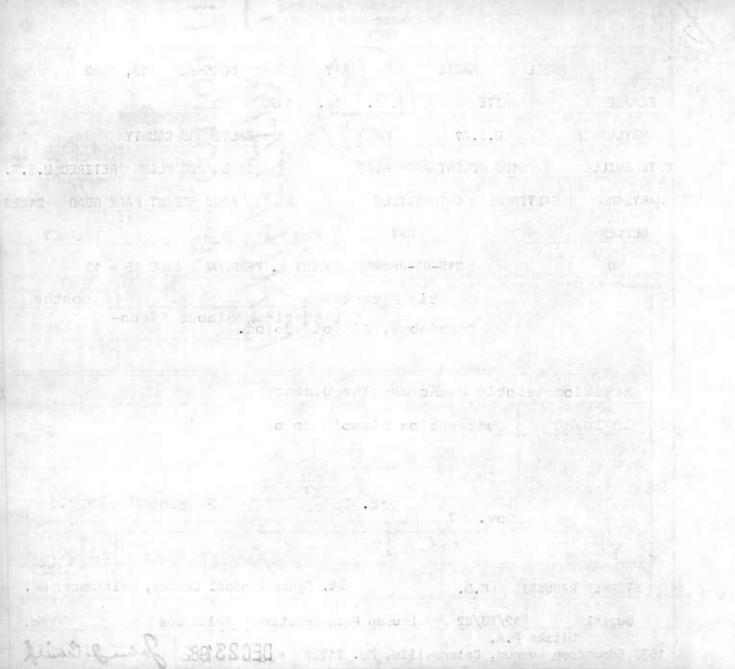
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and and	1	FIRST	MIDDLE CARRELLAS	FIRST	MIDDLE	HARRIS
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME KNOWN 20. DATE HERMAN (TYPE OR PRINT) OF ESTI-DEATH MATED 3. SEX 6. AGE (IN YEARS IF UNDER 24 HRS 2c. DATE May 10, PRONOUNCED 1901 James DEAD BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. Baltimore County WIDOWED T DIVORCED 0. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)

Greater Balto. Medical Towson Capt. Fire Dept. Center Balto. City ISUAL RESIDENCE (IF IN NUMBER) MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore 21211 YES X NO [3173 Keswick Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME T. PAGES 1 AND 2 DIVISION OF VITA MIDDLE LAST MUDDLE LAST George Reedy Claudia Α. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) I HE YES, GIVE WAR OR DATES) Yes 220 46 97 WWI Herman C. Reedy 6205 McClean Blvd. 18. CAUSE OF DEATH (Enter only one couse per life fon (o), (b), and (c) APPROXIMATE INTERVAL ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DI IL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (b) couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED AS 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? INER: THIS CALLE WRITING THE WOOLLING THE CHIEF ETORS PAGE 3 SHOULD BE USE! YES 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 19 THE PLACE OF INJURY (AT HOME, 21f. LOCATION 214 INJURY OCCURRED TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLWORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) . STREET CITY OR TOWN STATE WHILE COUNTY WHILE AT WORK 27a I certify that I toak charge of the remains described above, held on Autapsy and in my opinion death resulted from: Hamicide Undetermined manner ACTUAL SIGNATURE SIGNED EXAMINER'S NAME TYPE OR PRINT 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c, NAME OF CEMETERY OR CREMATORY Burial Cockeysville, Balto, Co. .1982 Dulaney Valley Memorial 24. FUNERAL DIRECTOR "9" REC 1982 Burgee Funeral Home, **DHMH-17** 3631 Falls (VR A15 ME (5)

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· 編(V)	3. SE)	Male	4 RACE	ło.	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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xecuted and comp		AS DECEASED EVER IN U	LS. ARMED FORCES YES, GIVE WAR OR DATES.		SECURITY NO.	17 INFORMANT	paret Jawnence ADDRESS		21206
TIMORI on and s. Pages	energy (ES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES,	220-3	6-8200	Mrs. Evelyn	E. Reese - 3806		OUI AVE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST CARACTER TO THE description. The contending physician. When this certificate has been signed by the attending as the build-transit permit. Then please remayer carbon than and Mental Hygiene prior to burial, cremation, or rethand an Item 18 shows any injury, or other traumatic every and a strong sony injury, or other traumatic every content.	CERTIFICATION	Conditions, if ony, wh gove rise to immediacouse (o), stating underlying couse le	ich (b), orte the DUE TO, sst. (c).	art f	SEQUENCE OF	NOT RELATED TO THE TERM WAS PERFORMED	IN CERT	IVEN IN PART 116 ES, WERE FINDIN IFYING CAUSES VES	NGS USED
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R ATTEND hospital a RECTOR: A hed for use ept. af Heal		22e. I certify that (1) (this saw the deceased above, (1) (we) did (22b. SIGNATURE)	hospital) attended	the deceased for	rom 11-13 19_82, or	d that in (My) (our) opinion	, to 12-21 death occurred on the date and he		- formation
TAL O by the RAL DI detacl tate De	A	41	ruch 2	cople	u-11		MEDICAL STAFF DIRECTOR PHYSICIAN	12	121/82
TO HOSPITA TO FUNER should be d with the Sto		MARK KAPLA				7620 YORK	ROAD TOWSON MD	21204	
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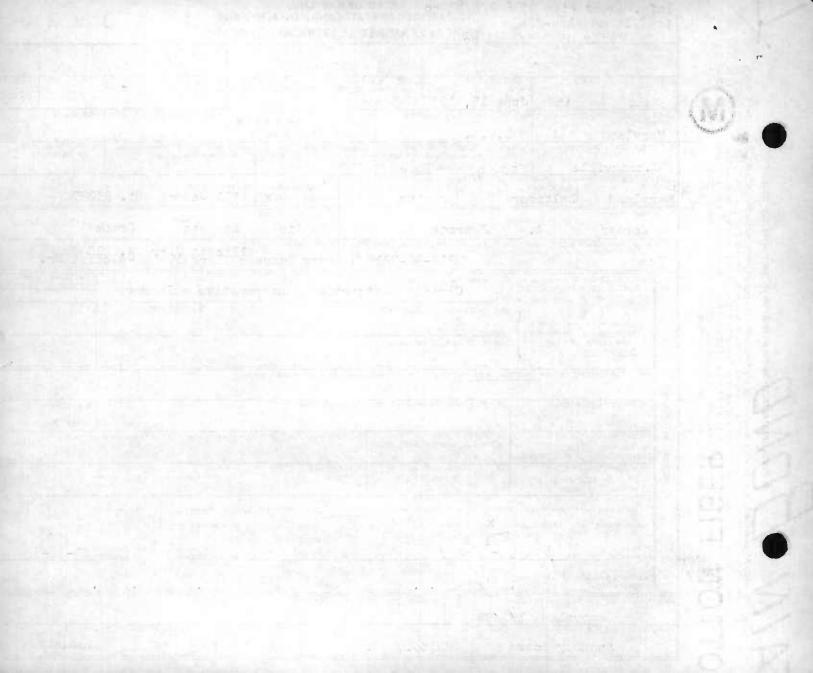
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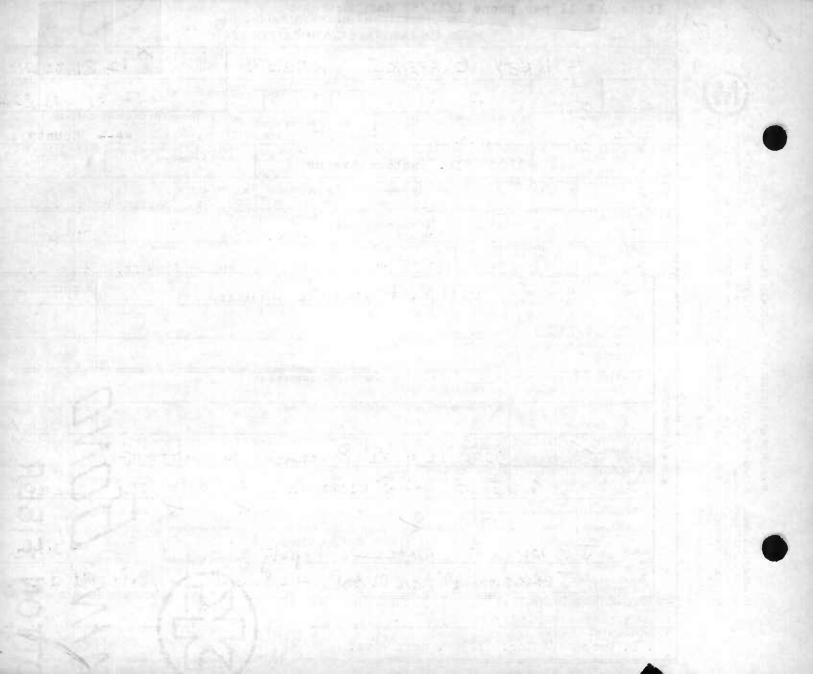
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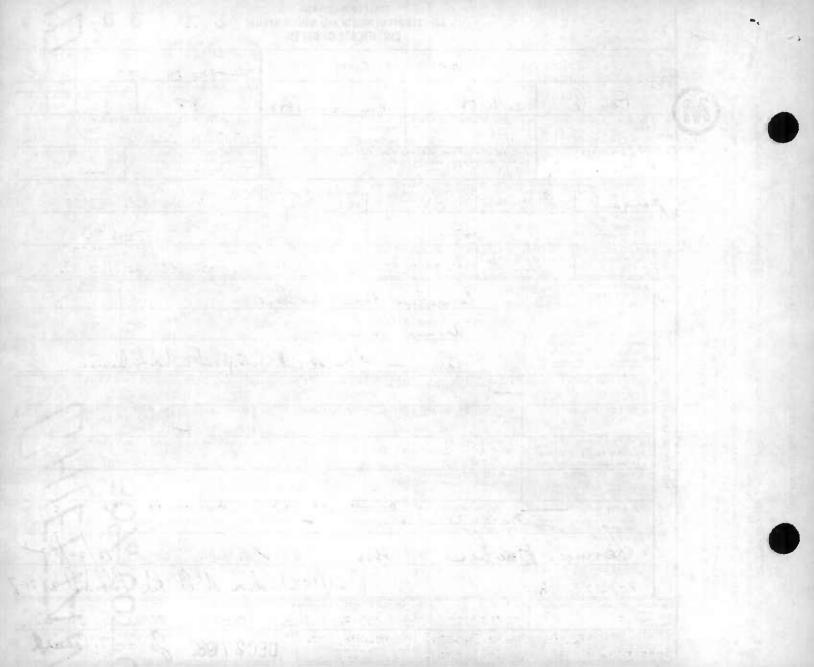
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	REGISTRARFILM G577 3/3, EASED NAME FIRST OR PRINT)	MIDDLE MIDDLE	LAST	20 DATE KNOWN X	MONTH DAY YEAR 26. HOUR
1 SE	GEORGE 4. RACE 5. DAT	E OF BIRTH 6. AGE (INY		ZWIND. IL. DAIL	12 18 1982 A
	ale White Jun	15 10 10	RS. HOURS	PRONOUNCED DEAD 9. BALTIMORE CITY OR	12 18 1982 3:20
35	REIGN COUNTRY)	J.S.A.	MARRIED NEVER MARR	IED IC	
0.0	(IF)	ME OF HOSPITAL, NURSING HOM NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ring Grove Hospi		12ti. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	FWORK 126 KIND OF BUSINESS OR INDUSTRY
30.5	LRESIDENCE IF IN NURSING TOME OR OTHER IN ATE 136 COUNTY CYLAND BALTIMOTE	NSTITUTION, GIVE RESIDENCE BEFORE ADMISS	13d INSIDE CITY LIMITS? YES \(\text{VES} \(\text{NO} \) \(\text{\text{\$\omega\$}}	13e STREET ADDRESS 5511 Council St	21227
230	THER'S NAME MIDDLE WARDER A.	Rexrode	Nellie	MIDDLE	Crook
16a. Y	AS DECEASED EVER IN U.S. ARMED FO 5, NO, OR UNKNOWN) (IF YES, GIVE WAR OR D			Ellicott Cappress	olonial Dr.
زر	18 CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY:	Chronic ob	structive & sup	purative pulmona	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IRIA CREMATION, OR REMOVAL.	Conditions, if any, which gave rise to immediate	(b)		disease	
SEMATIC	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO THE TERM	AINAL OISEASE OR CONDITION GIVEN IN PA	RT 1 (a.,	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY? YES [X] NO [
CALCER	218. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 19		D LENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
BA MAKTICAND, ZIZUI PKICK IO BIRKA	22a. I certify that I taak charge of the death resulted from: Natural cause ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINTE TYPE OR PRINTE)			In, Inquiry, and purple of the control o	DATE SIGNED 12-19-82 Md. 21201
2/	IRIAL, CREMATION, REMOVAL 23b. DAT		METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24 F H - 17 i ME (5))	NAME Anatomy Board	ADDRESS Balto., M		REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE



1/ d	Items 9 & 11 per phone 1/11/83 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE THE STATE OF MARYLAND	0924
13	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
11 march	1. DECEASED NAME (TYPE OR PRINT) FIRST MIDDLE LAST CLARENCE ROGERS OF ESTI- DEATH MATED	12 31,982 212A
(M)	1. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS FUNDER 1 YR. IF UNDER 24 HRS. 2c. DATE NONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	2 3/ 1982 24. HOUR
No.	To BIRTHPLACE (STATE OR TO LOT THE TO THE TO THE TO THE TO THE TO THE TO THE TOTAL THE	
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25m23/ 4	Sumter, S.C. U.S.A. WIDOWED DIVORCED Baltimore (10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1120. USUAL OCCUPATION (TYPE OF	
PACK PACK PACK S. 201 V	Baltimore 12000 Blk. Eastern Avenue for Most of Working Life)	OR INDUSTRY
D. 21201 F ANY DELA R. AND 3TO SHOULD BE! W. PECORDS.	13/14 RESIDENCE (IF IN NUMBER OF CHEEN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13(C. CITY OR TOWN 136. INSIDE (1TY LIMITS? 13e. STREET ADDRESS	
A A M C M	Maryland Baltimore YES xx NO□ 5209 St. George	s Avenue 21212
E. MD	14. FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
T SEA PESS OF	Willie Rogers Joereather 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 117. INFORMANT ADDRESS	McElveen
TIM PER PARTIE	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
T., BALTIMORE JURS AFTER DE B. GIVE PAGE I. WITH FOOM III. PAGES I A E. DIVISION G	Yes 245-50-6803 Betty Jane Rogers 5209 S	
HOURS M 18. G MG WIT RMIT. P RMIT. P INE, DIV	18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE SCERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DESTRITING THE WORD." PENDING". IN PENCIL IN ITEM 18. GIVE PAGES RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOOM FE 3 SHOULD BE USED AS A BURIAL. TRANSIT PREMAIT. PAGES 1 A FE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF PRICES OF PRICES.	Sold Sold Sold Sold Sold Sold Sold Sold	
VITAL RE SHOULD ORD "PE CHIEF N T OF HEA	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOLIR AM MONTH DAY YEAR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART	20. AUTOPSY?
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DIVISION OF VITAL R TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPRYMENT OF HE BALTIMORE, MARYAGND, 21201 PRIOR TO BURIAL,	WHILE ON NOT WHILE OR	14. 21220 STATE
ATE. ORV.	220. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in	т ту оріпіоп
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L DIRD		DATE 12/31/8-2
PETH SHO ORE,		SIGNED ALL
FCUTAN TERMINATION OF THE PARTY	EXAMINER'S NAME J. CROSSIAN O'DON OVAN ADDRESS. 21/2 Demodule Ave., Be	10. 114.21222
PEXA	23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	COUNTY STATE
77/BP	BURIAL 1/6/83 Md Veteran Com Crownsville	Md.
DHMH - 17	Wm. Name C. March F/H Inc. 1901 E. north Ave.	RAR'S SIGNATURE
(VR A15 ME (5)) 20M 4/82	Mil. 0. Haten 1/11 the. 1101 E. Hotel Ave.	of which



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b. HOUR TYPE OR PRINTI Ethel Dadmun Rowe December 22 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR 894 Mar BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Connecticut USA Baltimore County WIDOWEDICIC DIVORCED J& CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** 3431 Gaither Rd. Homemaker Rockdale USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Rockdale 3431 Gaither Rd. 21207 laun YES [NO CC 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Dadmun Rose Parmelee George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Baltimore **ADDRESS** 21207 (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 043-18-7889D Mrs Dominic Montagna 3431 Gaither Rd. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CONSEQUENCE OF Conditions, if ony, which Wremin gove rise to immediate cause (a), stoting the underlying couse last. CERTIFICATION 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES NO 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1B PART 1 OR PART 2) 216. TIME OF INJURY ∞ MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Decountry December 22a.1 certify that (1) (this haspital) attended, the deceased from_ December 22 1982 sow the deceosed alive on Pecenter 22 abave, (Me) (did) (did) of the body after death. , and that in (my) (arr) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE MEDICAL ATTENDING men PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRES ld b Herman Brecker show with 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) County of Pinellas 12/24/82 Memorial Park Inc. BP Burial 14 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. DHMH - 16 50M 4/82 (VRA 15, 4) 8728 Liberty Rd. Randallstown, Md. 21133



other

Sony

or Item 18

PORTANT.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 2

3092

'	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.			
	CEASED NAME	FIRST	٨	AIDOLE	t.	AST	20 DATE OF DEATH	MONTH	DAY Y	EAR	2h HOUR
	CONTRINCT	Stanley	Fran	k	Rumi	nski (Raymond)	December	. 26.	1982		
. SE	Х		4. RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER T		IF UNDER 24 HRS
M	ale		White		11 pri	L 18 1919 EAR	63	YR		DAYS	HOURS MIN.
	RTHPLACE (STA	TE OR FOREIGN	USA	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY Baltimot			тн	
	Baltimo	re	958	Dalton A	DDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Line small		GLIFE INPU	STRY	BUSINESS OF
30.	d.	F NURSING HOME OR 136 COUN	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Balto.		13d. INSIDE CITY LIMITS? YES NO (1	13e STREET ADDRES 958 Dalto	n Ave	2.		
	rank		MOOLE	Ruminsk	i	15. MOTHER'S MAIDEN NA Estelle	MIODLE		Jank	LAST	icz
-	WAS DECEASED YES NO OR UNKNOW YES		MED FORCES?	217-05-5	513	17 INFORMANT Agnes B. Ri		8 Das		100	
	18. CAUSE OF I PART I. DEA	TH WAS CAUSE	y one cause per DBY. E CAUSE (a)	line far (a), (b), and	aide	pulmonais	Arout.		BET	PPROXIM WEEN OF	ATE INTERVAL NSET AND DEATH
	Canditians, it gove rise to	immediate	(b)	AS A CONSEQUE	(ascenama	Shrack				
		cause last.	(c)	AS A CONSEQUE							
NO O	PART 2 OTHER	SIGNIFICANT C	onditions <u>co</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION	GIVEN IN PA	RT 110	
CERTIFICATI	19a DATE OF O	PERATION	19b CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF IN CEI	YES, WERE F RTIFYING CA YES [INDING USES C	GS USED OF DEATH? NO
CAL		AS UNDERLYING CAUSE OF DEA	21b. TIME OF HOUR A.A P.A	A. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM	IB, PART I OR PAI	R1 2}	
MEDI	21d INJURY OC	CURRED OT WHILE	21e PLACE C	OF INJURY SET, FACTORY, OFFICE, FA	RM, ETC)	21f. LOCATION STREET	CITY OR	IOWN	COUN	TY	STATE
	sow the de	ceosed alive on		deceased from	2, on	d that in (my) (sw) epinion	death accurred on the	date and	19.2 <		nat (1) (w e) l as

BP.

DHMH - 16 50M 1/81 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial 123

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22b. SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

Batto.

MEDICAL STAFF
DIRECTOR PHYSICIAN

COUNTY

DR.

Md. STATE

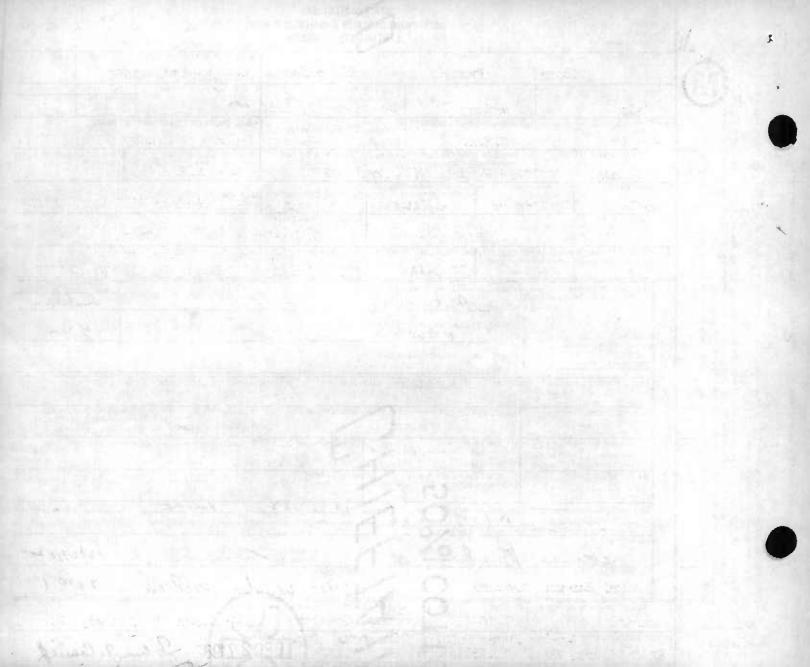
John M. Weber & Sons Inc. 400 S. Chester Street

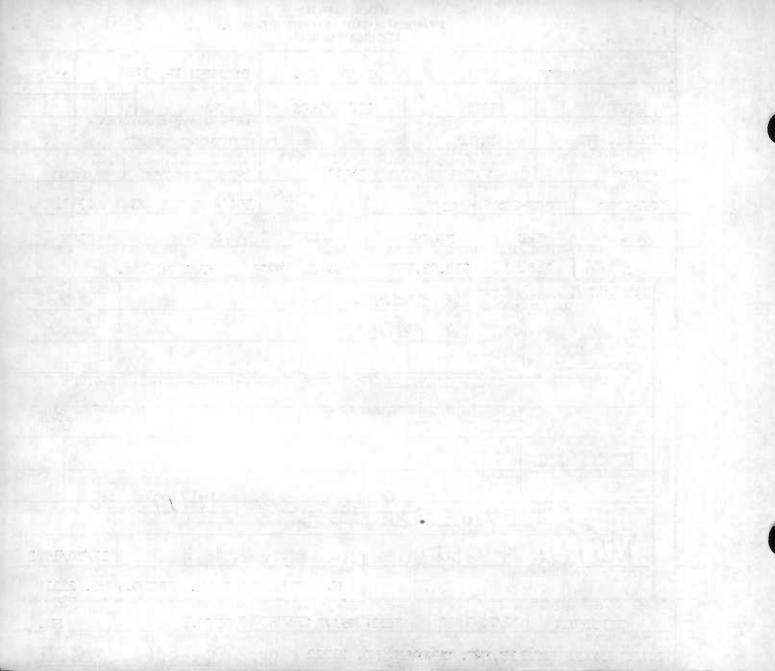
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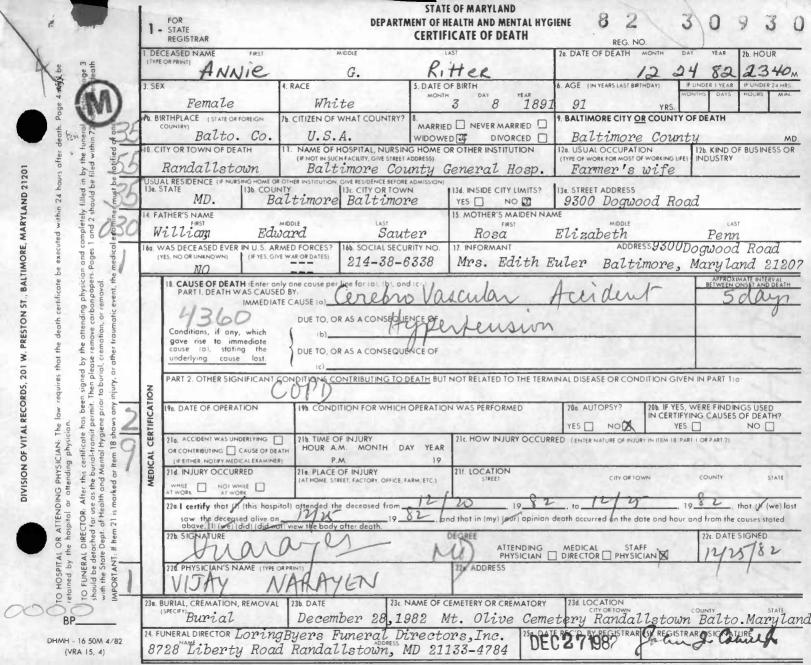
22c. DATE SIGNED

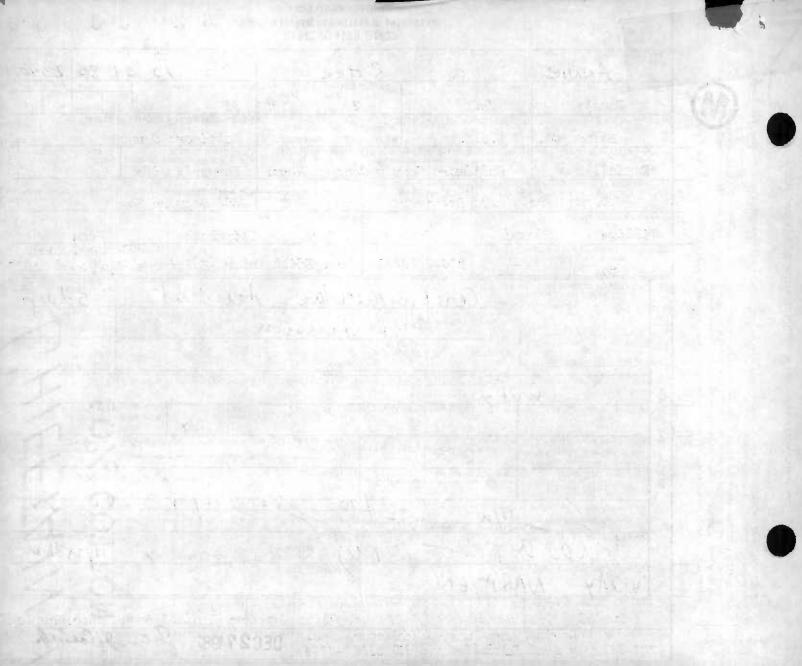
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M. FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, Maryland 21133

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/R2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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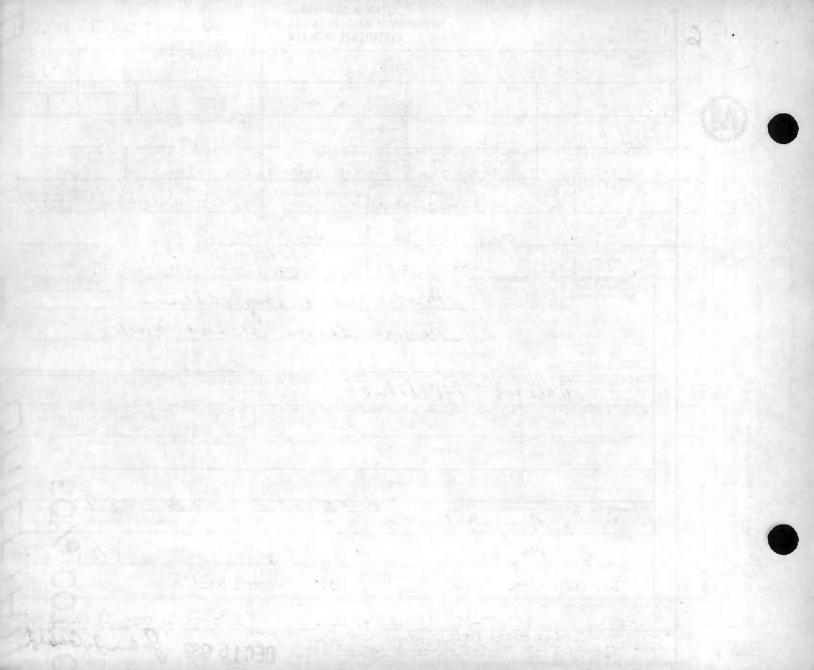
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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BP			URIAL, CREMATION, REA		DATE 2/9/82			EMETERY OR CI	n. Parl	23d LOCATION CITY OF TOWN E1kride	e Ho	oward	Maryland
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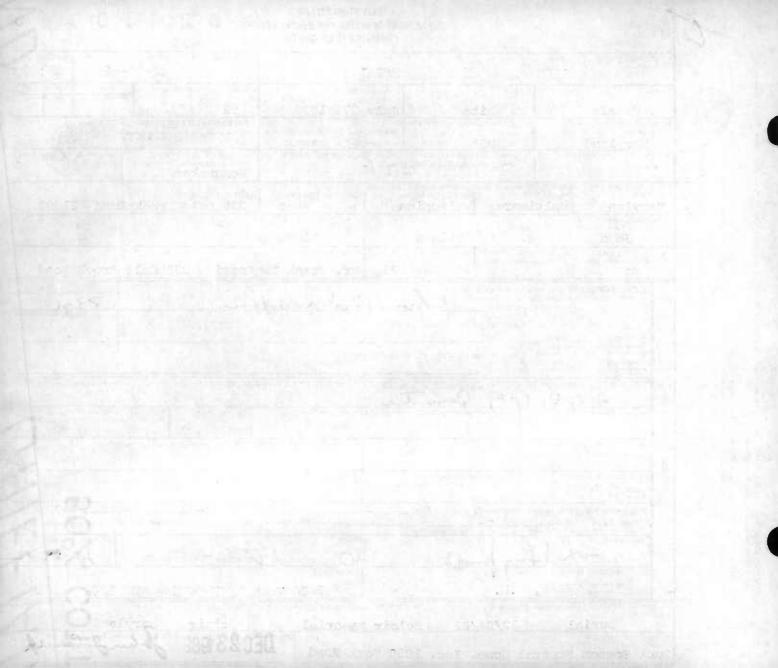
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN XX MONTH DAY 7h HOUR (TYPE OR PRINT) OF ESTI-Gately J. Rogers 12-6-82 6. AGE (IN YEARS IF UNDER 1 YR. DAY 5 DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR YEAR LAST BIRTHDAY PRONOUNCED Male White 12-31-25 56 DEAD 0:30 12-6-82 YRS 76. CITIZEN OF WHAT COUNTRYS 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
Maryland U.S.A. WIDOWED DIVORCED Baltimore County 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED AL RECORDS, 201 ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY Kingsville Ret. Insurance Agent Kinascourt MOtel USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INST.) 13a STATE 13b COUNTY 13d. INSIDE CITY EIMITS? 13e STREET ADDRESS 12200 Belair Rd. 21087 Maryland Baltimore Kingsville 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1, MENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH TO BURIAL, CREMATION, OR REMOVAL. MIDDLE MIDDLE LAST Frank Rogers Margaret Unknown 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) 214-20-0280 Margaret Sue Rogers, 5 Shawnee Ct. 21234 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MAMEDIATE CAUSE (0) __ Cirrhosis DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THIS CENTRY THE CANAMARDED TO THE CANAMARDED TO THE CANAMARDED TO THE CANAMARD YES XX NO TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT. BALLIMORE, MARYLAND, 21201 PRIQR TO BU 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted from: Suicide Homicide Undetermined manner Natural causes Accident TITLE (SPECIFY) DATE 12-6-82 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street Margarita A . Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 236. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY COUNTY STATE 12-8-82 Balto., Md. Burial Parkwood BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 200 REGISTRAR'S SIGNATURE **DHMH - 17** Leonard J. Ruck, Inc., 5305 Harford Rd. (VR A15 ME (5) 20M 4/82

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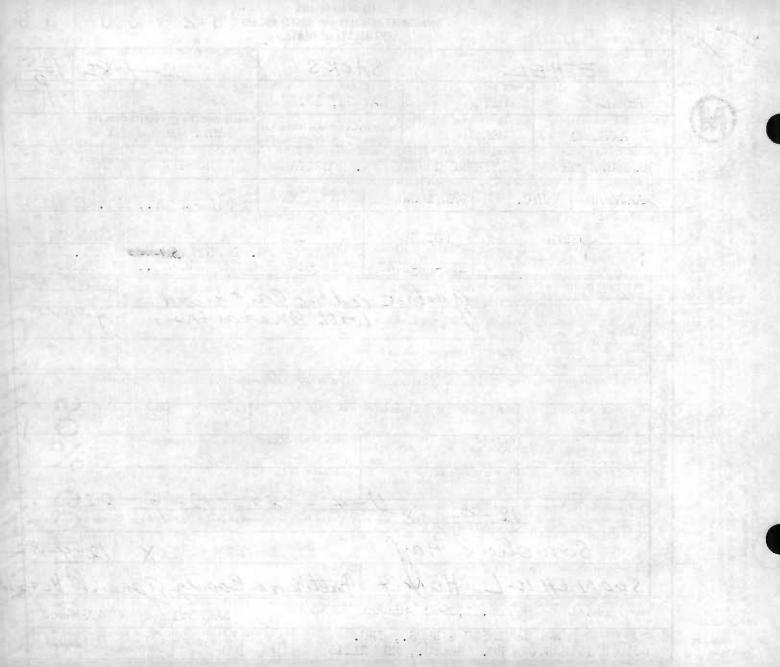
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DHMH - 16 50M 4/82 (VRA 15, 4)	Ru Ru	UNERAL DIRECTOR CK TOWSON FU				25c. E	EC 23 1982	R 25b. COGIST	RAR'S SINA	shield

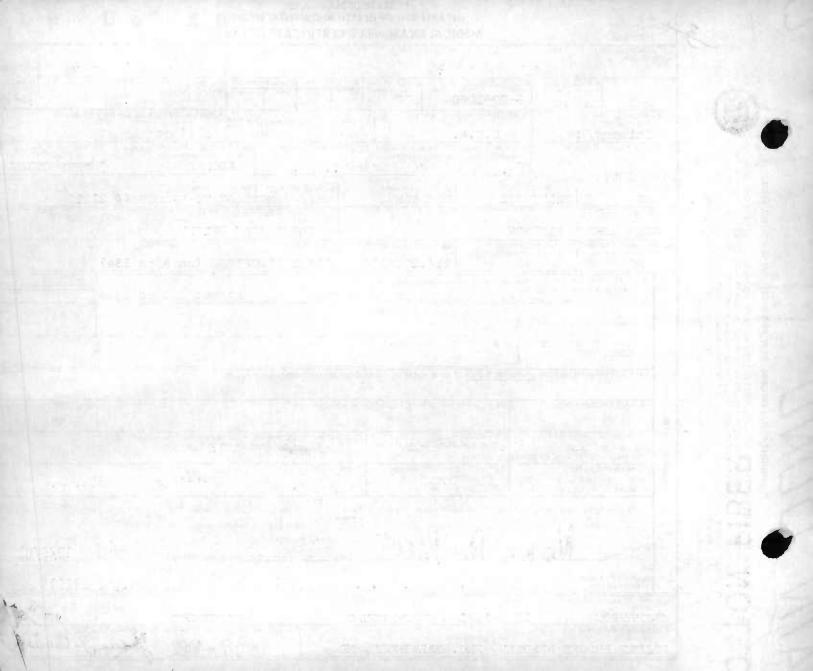


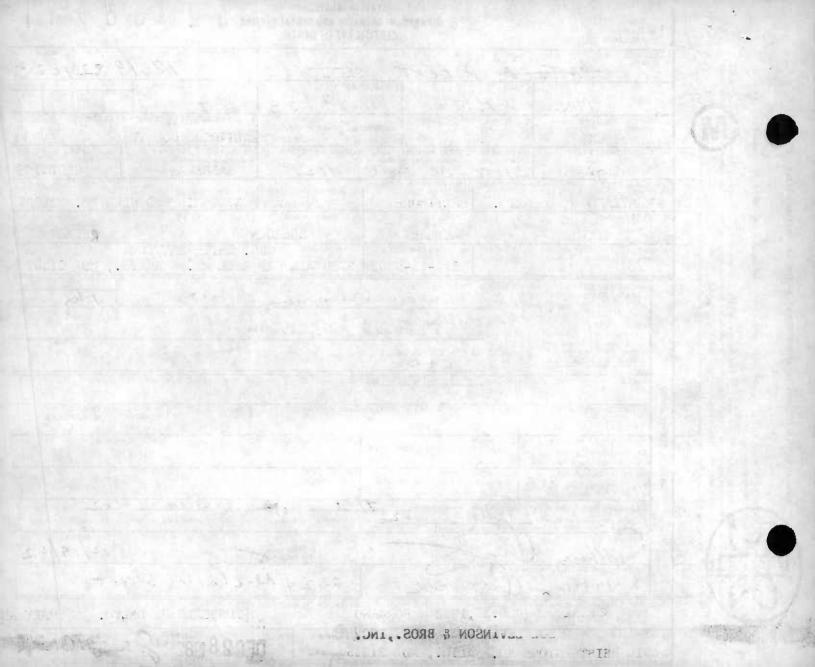
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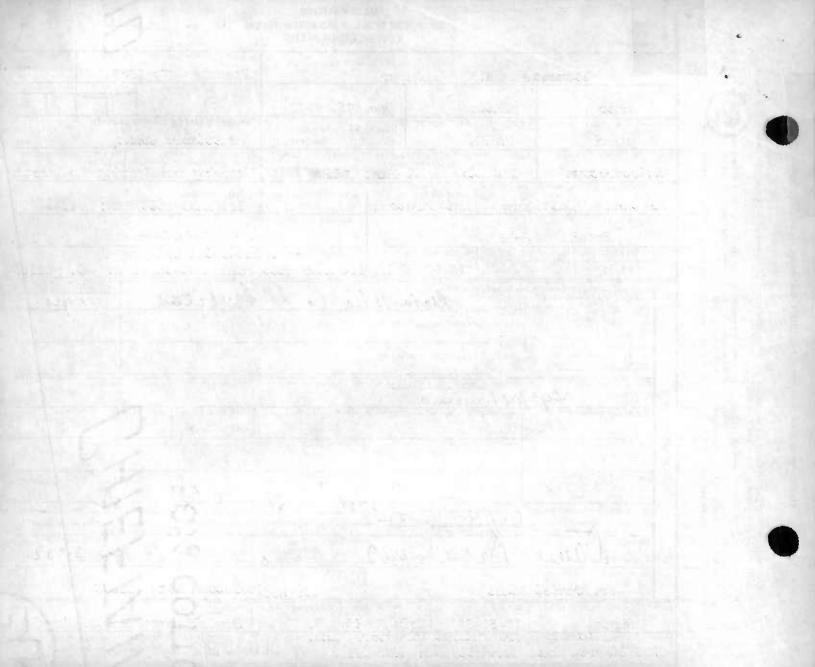


FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



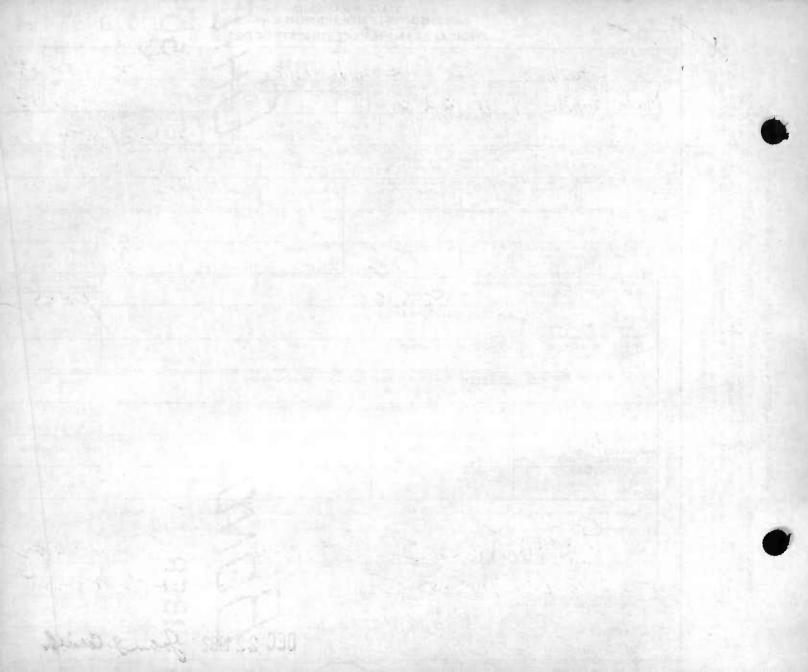
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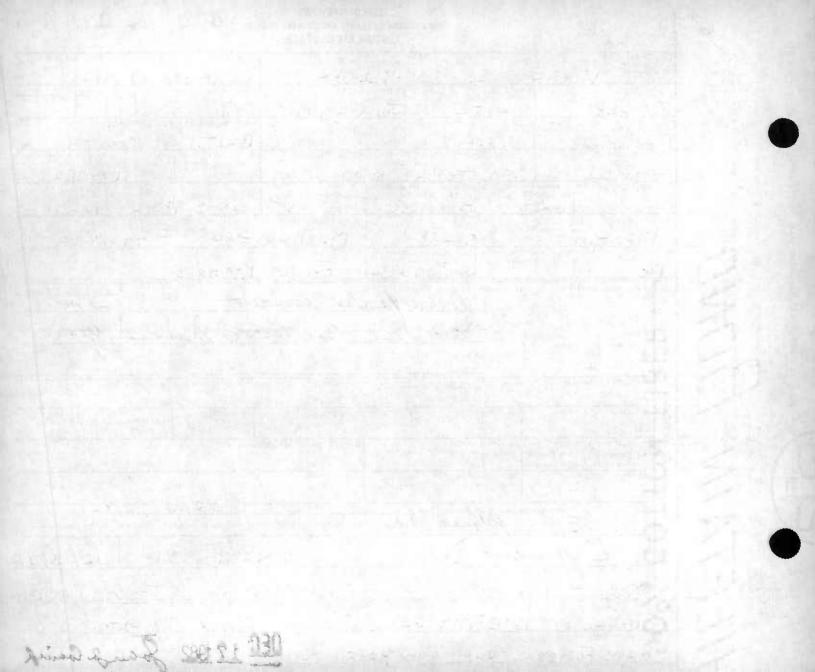
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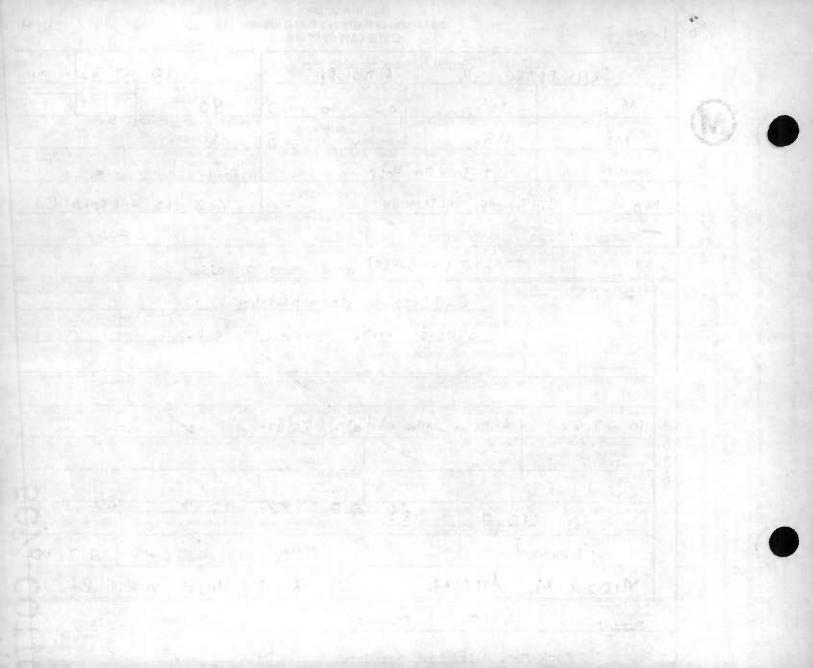
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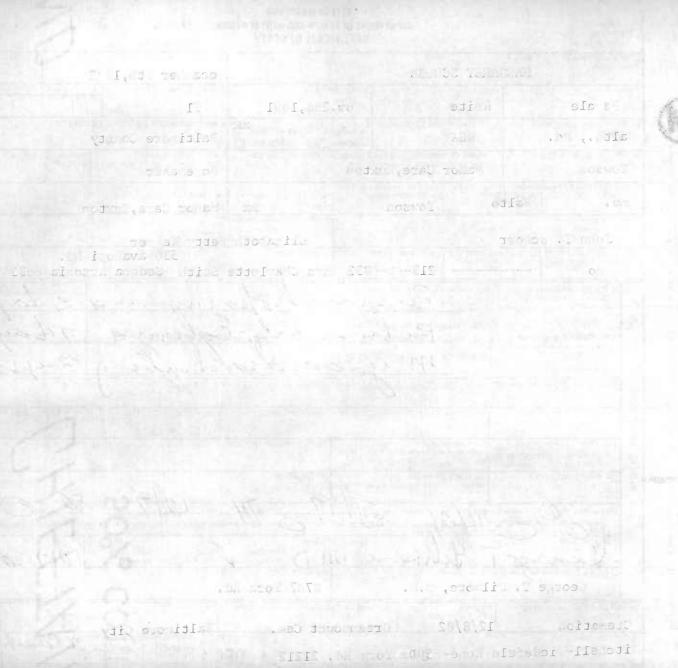




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AL OR AT v the hosp (AL DIRECT detoched for ote Dept. o		22b. SIGNATURE	od.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	121. DATE SIGNED
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PP DE SE	23a. i	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 12/11/82	230 NAME OF C	EMETERY OR CREMATORY DOD	23d LOCATION CITY OR TOWN Baltimore	county State
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. FI	INERAL DIRECTOR NAME Leonard J Ruck		re. Maru	UE	TE REC'D. BY REGISTRAR 2007	



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s ofter of the fulled with fulled with		OR TOWN OF DEA	ATH I	1. NAME OF	HOSPITAL, NURSING PACILITY GIVE STREET A	DORESS)	OR OTHER INSTITUTION	Type of work for most of Homemaker	ION 12b. KIND SF WORKING LIFE) INDUS	ND OF BUSINESS OR TRY
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ed within	14 FAT	John T. S		IDDLE	LAST		IS MOTHER'S MAIDEN NA FIRST Elizabeth	ME Betty Wagne	er	LAST
oe execut n and co . Pages 1		AS DECEASED EVER		NED FORCES? WAR OR DATES)	213-60-6		Mrs Charlotte	530%	avahopi Rd	
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours of attending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by and Mental Hygiene prior to burial, cremation, ar removal. And Mental Hygiene prior to burial, cremation, ar removal.		Conditions, if any, gave rise to immoduse (a) statin underlying cause	nediate ig the last	(c)	R AS CONSEQUE ONTRIBUTING S	NCE OF NCE OF EATH BUT	nary cardia	Eglen Linsyll INAL DISEASOR CON	tang 3	days
The law region. The permit. The permit.	TIFIC	a. DATE OF OPERA				OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAU YES [
OR ATTENDI he haspital an DIRECTOR. A acched for use Dopt. of Heal	MEDICAL	To, ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDINAL INTO THE LITT WORK NOTIFY MEDINAL INTO THE LITT WAS NOTIFY MEDINAL INTO THE LITT WAS NOTIFY MEDINAL INTO THE LITT WAS UNION TO THE LITT WAS U	CAUSE OF DEAT CAL EXAMINER) RED THIS CALL OF THE CALL	P. 21e. PLACE (AT HOME, ST	,M. MONTH DA ,M. OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	211. LOCATION STREET 211. LOCATION STREET 1 19 17 1 19	CITY OR TO	OWN COUNT 19 July 19 J	y STATE
TO HOSPITAL TO HOSPITAL TO HOSPITAL TO FUNERAL should be det with the State MPORTANT:	Cr 24 FUN	RIAL, CREMATION, ECIFY) emation JERAL DIRECTOR	REMOVAL	12/8/8	23c. N	eenmo	17 17 York R TEMETERY OR CREMATORY DUNT Cem. 250 DAI	23d LOCATION CITY OF TOWN Baltimore E REC'D. BY REGISTRAR	COUNTY 25 TEGISTRAR'S SIG	STATE



UNITED CHAPIL SSOO HARFORD

DHMH - 16 50M 7/77 (VR A 15 (4)) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.	
I. DECEASED NAME FIRST	MIDDLE	Ĺ	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
AN	NA MARGARET	SCI	WARTZ	DECEMBER	3,1982	12:40 R
3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER	
Female	White	May	22,1898 YEAR	83	YRS.	34.0
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? B.	D NEVER MARRIED	9. BALTIMORE CITY		ATH
Maryland	USA	WIDOWE	DIVORCED	Baltimor		MD.
Towson	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Dulaney Towso	ING HOME C TADDRESS) On Nurs	sing Center	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Homemake	OF WORKING LIFE) INDI	KIND OF BUSINESS OR USTRY
13s. STATE 13b. CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORD UNITY 136. CITY OR TON White Ma	WN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 11225 Re	d Lion Rd	. 21162
14. FATHER'S NAME	202020		15. MOTHER'S MAIDEN NA			
John Horn	MIDDLE		Katherin	ne Pfeiffer		LAST
160 WAS DECEASED EVER IN U.S.		URITY NO.	17. INFORMANT	ADDR	ES703 Over	brook Rd.
(YES, NO OR UNKNOWN) (IF YES	. GIVE WAR OR DATES) 212-32-3	1441 D	Katherine C.			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF	TIC HEISPUT	Miserso		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	NT CONDITIONS <u>CONTRIBUTING TO</u>			200 AUTOPSY?	20b. IF YES, WERE	
JE STORY OF THE ST				YES TO NOT		AUSES OF DEATH?
and a service way to the service of	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR			
OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	OWN COL	STATE STATE
	ospital) attended the deceased fram, on 19_ 1001 yiew the bady after death.	8V	nd that in (my) (aur) apinian	death accurred an the c	date and havr and fr	, that (i) (we) last am the causes stated
228 PHYSICIAN'S NAME (T)	Mulleder	M.	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA DIRECTOR PHYSI	FF	DATE SIGNED
			100	1 D-7-1		27.0
Marcio M	enendez, M.D.		5820 York Rd	1. Baltimore	e, Ma. 212	717

DHMH - 16 50M 4/82

(VRA 15, 4)

MPORTANI

236. BURIAL, CREMATION, REMOVAL FECHY) Dec. 6,1982 Mitchell-Wiedefeld Home, Inc. Balto., Md.2121

Balto. Co., Md.

ADDRESS 6500 York Rd.

NATURAL CONTACTOR

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6010 REISTERSTOWN RD. BALTO., MD

- STATE

(VRA 15, 4)

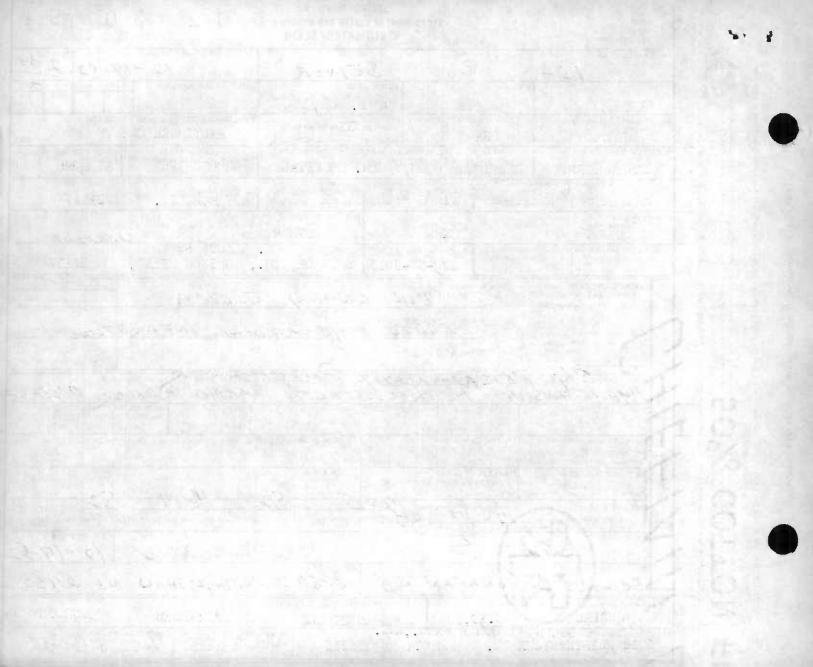
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21215





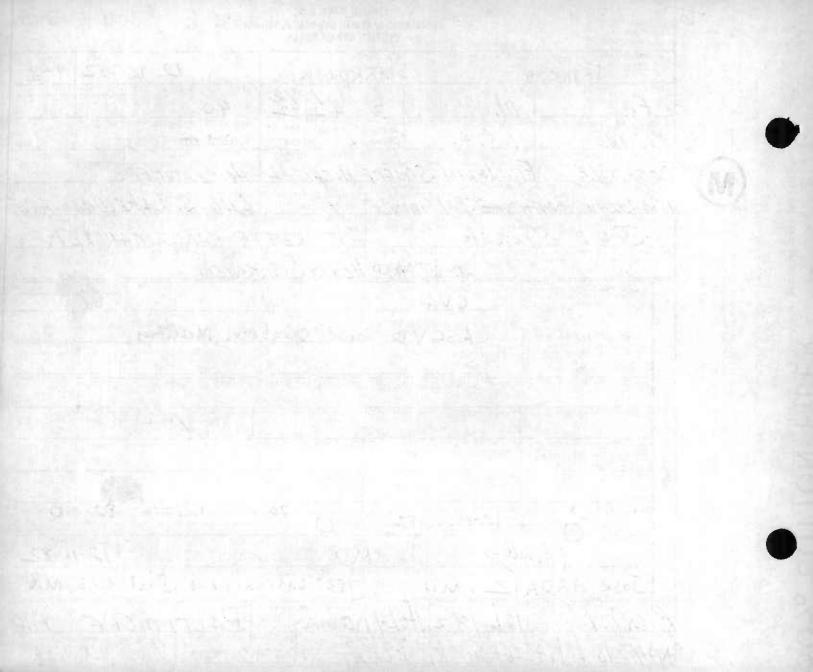
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STATE OF MARYLAND

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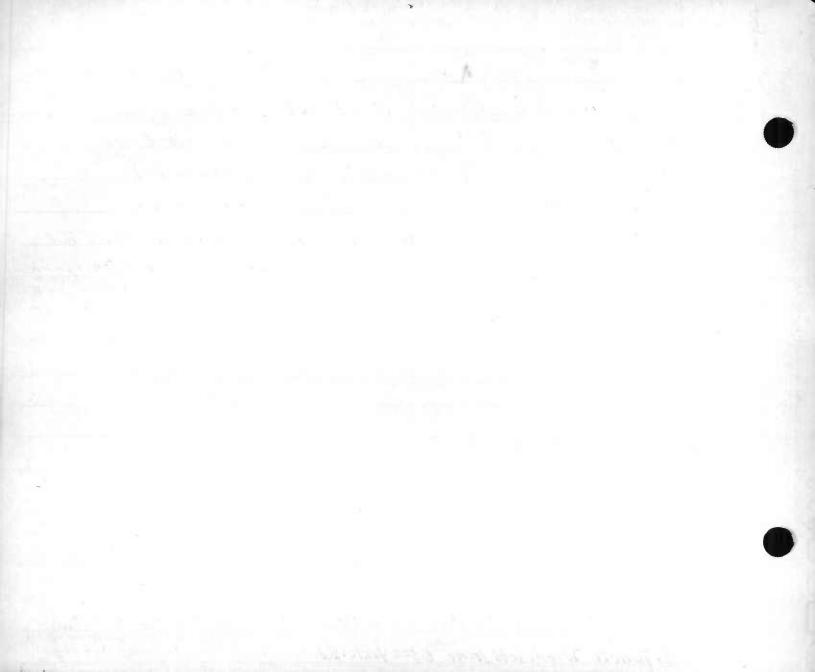
16	1.	FOR • STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	3 2 3 0 9 5 REG. NO.
rer deoth		CEASED NAME FIRST FRANCES	SIARKOWSKI 20 DATE O	0F DEATH MONTH DAY YEAR 28. HOUR 12 16 82 946
ours offer	3. SE	F.	W. 3 9-1982 9	NYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HOURS A HOURS A YES.
92	F	RTHPLACE (STATE OR FOREIGN 76 DUNITY) AND TY OR TOWN OF DEATH 117,	1.5.A. WIDOWED DIVORCED Bal	timore County
151	The	SEDALE XI		L OCCUPATION DORK FOR MOST OF WORKING LIFE) INDUSTRY 126. KIND OF BUSINESS INDUSTRY
130	13a	STATE LINCOUNTY, ATHER'S NAME	136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREE PART PART YES NO 14	ADDRESS, LAKEWOOD A
300		JOHN SILVER IN U.S. ARMEI	ERAK LAST ANTOINETTE	KARCZMARCZEK
Pog med		YES, NO ON UNKNOWN) (IF YES GIVE WA		Ski
corbon poper; , or removol.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY 14292 IMMEDIATE C	CVA	BETWEEN ONSET AND DE
eose remove iol, cremotion or other troum		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF (b) ASCVD and Diabetes DUE TO, OR AS A CONSEQUENCE OF (c)	
or to buri	NOI	PART 2. OTHER SIGNIFICANT CON	DITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PART 110
shows on)	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AU YES	TOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
frem 18		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE EITHER, NOTHEY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
oith and M marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216 LOCATION STREET	CITY OR TOWN COUNTY STAT
t, of Heol m 21 is m		220.1 certify that (1) this hospital) saw the deceased alive on above (1)(we) (did (did not) vi	ew the body after death	12-16-19-82. that (1) (we red on the date and hour and from the causes state
Stote Dep		22h. SIGNATURE	DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTO	STAFF R PHYSICIAN 12-16-82
with the Stot		Jose ARDA		AVE. BALTIMORE, MO
	230	DIRIAL, CREMATION, REMOVAL 2	36. DATE 121 HAME OF CEAE ERY OR CREMATORY 236-10	ATION TY OR TOWN SOUTHY STATE
_	4	NERAL DIRECTOR	LIZO BE MULTINARY D	REGISTRAR 256. REGISTRAR'S SIGNATURE



XXX	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2 3	0 9 5 6
1 C 40		CEASED NAME SUZANNI	E F.	SIMMONS	20. DATE OF DEATH MONTH	2b. HOUR 5:16A M
	3.5E	FEMALE	BLACK	5. DATE OF BIRTH ***********************************	50 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
death 7	1	5A/b. md.	CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	9. BALT I MORE COUNTY BALT I MORE COUNTY	OUNTY MD.
201 by the 1 field out	-	TOWSON G	BMC"-6701", GIVNTRE		120. USUALOCCUPATION (TYPE OF WORK FOR JOST OF WORK HIS LIFE	12b, KIND OF BUSINESS OR INDUSTRY
AND 2120 in 24 hours falled in by hough be full	17	AL RESIDENCE IN NURSING HOUT ORG		YES NO	1805 N. MO	untst
MARYL MARYL		WALTER M	Hugh Sm	15. MOTHER'S MAIDEN NA ERST TELL	18 FEAN 1	IRNER
BALTIMORE are be execu- speries and c speries Pages speries (1)		NO	WAR OR DATES) 21858-	9076 Mrs. BEAL	PICE SIMMONS 1	619 W. North Ac
201 W. PRESTON ST., es that the death certific ned by the citerating physicals remained to contain a virial, cremation, or terms.	Z	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR ASMY OVERA (b) DUE TO, OR ASEND USES	OFULMONARY ARRESTION TAGE RENAL DISEA	SE	BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH EN IN PART I (a)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir - offending physician. ther this certificate has been sig os the burial-transit permit. Ther th and Mental Hygiene prior tab anked or tem 18 shows any injur	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
N OF VITA SICIAN: T ng physici certificate arial-transi tental Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR .	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART OR PART 2)
	MED	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	1071	CITY OR TOWN	COUNTY STATE
ATTENDO Sapartal or ECTOR: A of for use of Heal		saw the deceased sabove, (we) (did to a sabov	al) attended the deceased from 12/19 19.	OZ, and that in My (aur) apinion	death occurred on the date and hou	19_82, that X (we) last r and from the causes stated
TAL OR by the howy the how detache tote Dep		Thomas C. K	Toteveiler MA		MEDICAL STAFF X DIRECTOR PHYSICIAN	12/19/82
TO HOSPIT, Feromed by TO FUNER, should be dwith the Stole MPORTAN		Partie Land	DETWEILER M.	10/01 N. CF	HARLES ST. GBI	MC _
150/BP		BURIAL, CREMATION, REMOVAL (SPECIFY)	12/23/82 C	home of cemetery or crematory	BAID .	COUNTY MILITE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	UNERAL DIRECTOR . Ru	~ 2220 ADDRESS	wyordy are D	EC 28 1982	2 Court

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6	1			STATE OF MARYLAND		A C 4
P	1	FOR - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	3095
		PECEASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
deoth deoth	(1	PE OR PRINT)	Irene Manie	Simmons	Dec	12 1982 7:30A
90	3. 3	EX	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
(M)		Femmle	& White		55 YRS.	MONTHS DAYS HOURS MIN.
	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARY / ANd	76. CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED WIDOWED DIVORCED		
d with	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12h. KIND OF BUSINESS OF
8/0		CATENSYILLE	SFRING GR	ove STATE HOSP.	Never worke	d
d be	13	UAL RESIDENCE (IF NURSING HOME STATE 1136 COI	OR OTHER INSTITUTION, GIVE RESIDENCE BE UNITY 13c. CITY OR TO	FORE ADMISSION) DWN \$134. INSIDE CITY LIMITS?	130. STREET ADDRESS	
Be Be		Md BA	1 07	NE VILLE YES NO DE	WAde Ave	1
2 st	14.	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NO	AME	1457
oleka)	4	John	W. SIMM	24444	Elizabeth	PAT TON
es los	160	WAS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	ADDRESS	
Poges		(YES, NOOK ONKNOWN) (IF YES, G	THE WAR OR GATES!	MR. Eugene	C. SIMMONS 4/6	09 HARRIS Au
P		IN CAUSE OF DEATH (Enter	only one cause per line for (a) (b)	and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g physici on popel remaval.	1		only one couse per line for (a), (b), SED BY: (ATE CAUSE (a) Cardiac	prost he bille for	and horset diena	4 CO
Dog Le	1	IMMEDI	ATE CAUSE (a) CAPAIAC	VIEST PROBABLE LOV	Brary HEATE 415EA	56
n, or a	1	200	DUE TO, OR AS A CONSE		~	4 72 1923
atio	1	Conditions, if any, which gave rise to immediate	(b) Hypert	nsim		
cremation other traum	1	couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSE	DUENCE OF		
leose iol, c		Underlying couse loss	(c) Diabet	es Mellitus.		
			T CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
Then property.	ĝ	(1) Ay	teno sclerote Ca	vo vo vas cular disca	se (2) Right-bun	dle branch block
prior ony ii	CEPTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORMED	20a AUTOPSYZ 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
Shaws	1 1					ES NO
	7 8	210. ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJURY IN ITEM IB.	PART 1 OR PART 2)
riol-tro	1	OR CONTRIBUTING CAUSE OF D		DAY YEAR		
Mer Mer	MEDICAL	214 INJURY OCCURRED	21s PLACE OF INJURY	21f LOCATION		
os the Ith ond Iorked o	ž		(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
lith dork		AT WORK — AT WORK —		1	10 101 12	, 19 82 , that (I) (we) la
T e		saw the deceased alive of	spital) attended the deceased fro	C. Jones	n death occurred on the date and ha	0.1
1 0 1		obove, (I) (we) (did) (did	not view the bady after death.		seom occurred on the dote and no	
Dept T Her		226. SIGNATURE	1 - P	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
ote C		to en-	mes Ker	PHYSICIAN	DIRECTOR PHYSICIAN	Dec. 12,198
should be detoc	1	224 PHYSICIAN'S NAME (TYPE	E OR PRINT)	22e ADDRESS		
with the Stat		1 Lee, 1	i'en-hwei	Spring Gr	we Hospital. Ca	tonsullo Mi
£ 3 ₹—	23	BURIAL CREMATION PENCY		NAME OF CEMETERY OR CREMATORY	1234 LOCATION	Wednesday (1871)
		CREHATIEN	Dec. 14,1982	GREEN MOUNT CR	Ren BATTIMERE	COUNTY M STATE
	2.4	FUNERAL DIRECTOR	0000 1,1102		TE REC'D. BY REGISTRAR TO REGIS	
H-16 20M		NAME	/ C// I/ ADDRESS		-C. 1 6 1982 -C.	2 Caluel
7/78	1	1. Tohell- Wie	edeteld Itome 6	500 YERK Rd, UL	-0 1 0 1005 N	



STATE OF MARYLAND	ARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) NIRMAL K. 12 82 SINHA 09 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MALE ASIAN 1 1923 Oct. To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY COUNTY India U.S.A. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Education Towson Teacher ST. JOSEPH HOSPITAL JOUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 3a STATE 13b COUNTY 130 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e_STREET ADDRESS MD 21204 Towson 924 STARBIT RD BALTIMORE NO X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Sudhangshu Aswini K. Sinha Bose 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 21204 (IF YES, GIVE WAR OR DATES) No 390 34 0875 Mrs. Pranati Mitra Sinha 924 Starbit Rd. 18 CAUSE OF DEATH (Enter only one cause per line for to PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE ACONSEQUENCESTENSIVE CRISIS Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY OFFICE FARM, ETC NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from

22k SIGNATURE

ATTENDING. PHYSICIAN

DEGREE

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred an the date and have and from the causes stated

77: DATE SIGNED

IN PHYSICIAN'S NAME

23a. BURIAL, CREMATION, REMOVAL .. 23b. DATE

22e ADDRESS

Westview Crematory

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

Catonsville, Maryland STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

should b

MPORTANT

urial-transit p

Mentol

2 DEC 82 Towell Lemmon Padonia & York Rds.

250. DATE REC'D. BY REGISTRAR 256 DESISTRAR'S SIGNATUR

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m although of	1	iller .		313 36	AND AND BOM MADE		

FOR

- STATE

TYPE OR PRINTI

3. SEX

REGISTRAR

Female

O CITY OR TOWN OF DEATH

Baltimore

Maryland

(YES, NO OR UNKNOWN)

4 FATHER'S NAME

Paul

70. BIRTHPLACE ISTATE OF FOREIGN

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH DAY YEAR 2h HOUR SKIDMORE Carmen December 14, 1982 7:40 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH Caucasian Sept. 22, 1939 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County arkersburg, W. Va. USA NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Franklin Square Hospital Elec Worker Westinghouse SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 136. COUNTY 136. CITY OR TOWN Balto, Maryland 13e STREET ADDRESS Baltimore 4003 Perry Hall Rd, 21128 NO X 15 MOTHER'S MAIDEN NAME MIDDLE Sarah MIDDLE Spittler Skidmore 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. ADDRESS 17 INFORMANT (IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED 8		ry arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
Conditions, if ony, which	DUE TO, OP AS A CONSEQUENCE OF AS (b)	static adenoc	arcinoma of	the lung
gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OPAS A CONSEQUENCE OF FOCAL SEIZURES	secondary t	o brain meta	astasis
PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19			

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

23b. DATE

Schimunek Funeral Home

9705 Belair Road, Balto, Md. 212 36

22d. PHYSICIAN'S NAM

23a. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Holly Hill Cem

22e ADDRESS

9000 Franklin Square Dr., 21237 23d. LOCATION COUNTY

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

STATE

Baltimore,

Wm. C. March F/H Inc. 1101 E. North Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

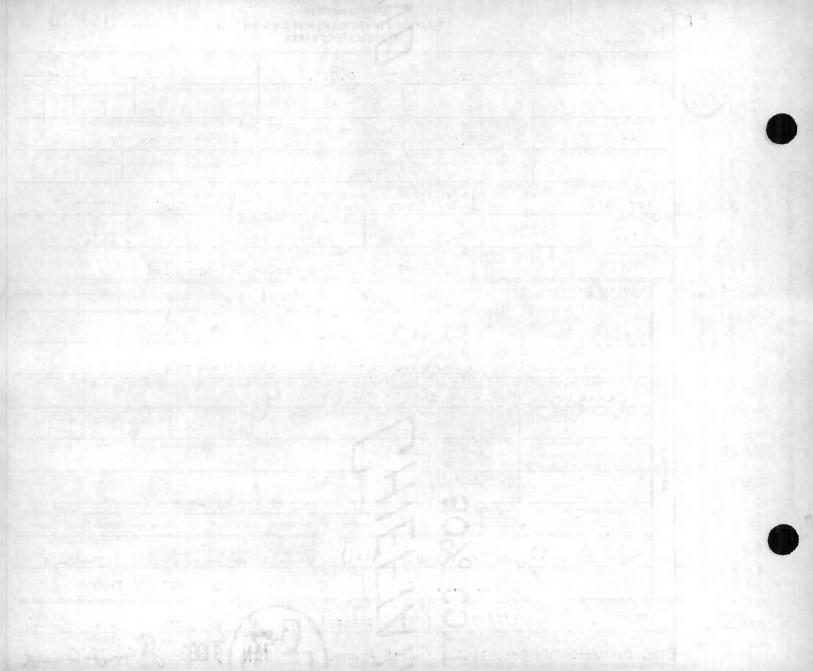
FOR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

REGISTRAR



STATE OF MARYLAND

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MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 4/82 (VRA 15, 4)

FOR

- STATE

1. DECEASED NAME

REGISTRAR

24 FUNER SCHOLORUNEK Funeral Home, Inc. 9705 Belair Rd. Balto. Md. 21236 Md"

YES T

COUNTY

774 DATE SIGNED

REG. NO 20 DATE OF DEATH MONTH

7h HOUR

126. KIND OF BUSINESS OR INDUSTIGUARDIAN

STORAGE

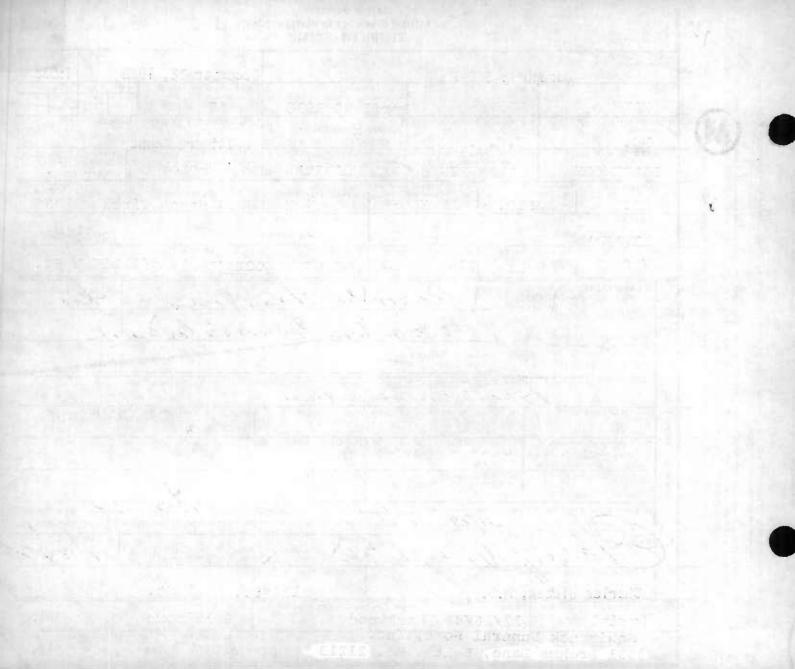
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

7a. DATE OF DEATH MONTH 26. HOUR

26,1982

IF UNDER 1 YEAR IF UNDER 24 HRS

9. BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County

126. KIND OF BUSINESS OR INDUSTRY

LAST Headinger

APPROXIMATE INTERVAL

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES T NO [

COUNTY STATE

Maryland

22c DATE SIGNED

BP

(VRA 15, 4)

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR Hubbard Funeral Home. Inc. 4107 Wilkens Ave.

FOR

REGISTRAR

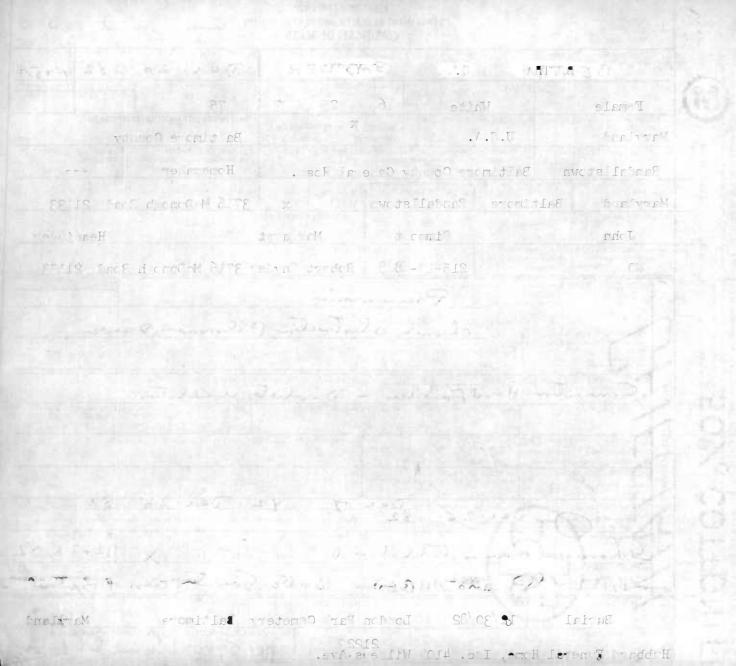
- STATE

Burial

12/30/82

21229

250. DATE REC'D. BY REC'STRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE REGISTRAR	D		IEALTH AND MENTAL HY	rGIENE 8 2	3 0	9 6 4
DE (TYP	ECEASED NAME FIRST M	ildred MIDDLE Ku Mildred	nigunda K. SPAI	RKS Sparks	20. DATE OF DEATH December	MONTH DAY YEAR	26 HOUR 4:00 R
SE	Female	4. RACE White	5. DATE (6 AGE (IN YEARS LAST BI	YRS DA	YS HOURS MIN.
6. 8	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Oato, Md. ITY OR TOWN OF DEATH	U.S.A.	MARRIE	DE NEVER MARRIED DIVORCED DIVORCED DIVORCED	Baltimor	e County	MD
J5U	Rossville	Franklin.	STREET ADDRESS)		120 USUAL OCCUPAT		O OF BUSINESS OR RYHOME
1	STATE 136 COUN		le River	13d. INSIDE CITY LIMITS? YES NO CONTROL NO C		re Road 212	20
	(onstanti	Gizin	ski	Constance	MIDDLE	Debowska	EAST
		WAR OR DATES) 215-	01-4298	Harry Spar	cks 1424 Show		20
NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A COM	tage empl		PMINAL DISEASE OR CON	NDITION GIVEN IN PART	110%
CERTIFICATION	19a DATE OF OPERATION	19b CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	
CAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MON' P.M.	TH DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM IB PART I OR PART 2	9
MEDI	21d INJURY OCCURRED WHILE ON WHILE OF WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TO		STATE
	220. I certify that A (this hospite sow the deceased alweight obove, (V (we) (did) (dy) not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPEOR MILLIAN)	December 21 Augustian Mil	-19 -82- . or	DEGREE ATTENDING	2 to December of the december	lote and hour and from the lote on the lote on the lote of the lot	., that X (we) lost the causes stated TE SIGNED
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	12-24-82	Holly H	EMETERY OR CREMATORY	23d LOCATION CITYORTOWN Widdle 9	River Balto	Co. Md.
1 F	S. Zeiler & Son	Inc. 6224 8	DORESS AL	250	C 22 1982	25 REGISTRAR'S TON	sheef.

DHMH - 16 50M 1/B1 (VRA 15, 4) C.S. Zeiler & Son Inc. 6224 Eastern Avenue

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82 182 g & and 282 18	NEW MENT OF	ica inc. 5224 inches	

REGISTRAR	CERTIFICATE OF DEATH
FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	STATE OF MARYLAND
	STATE OF MARYLAND

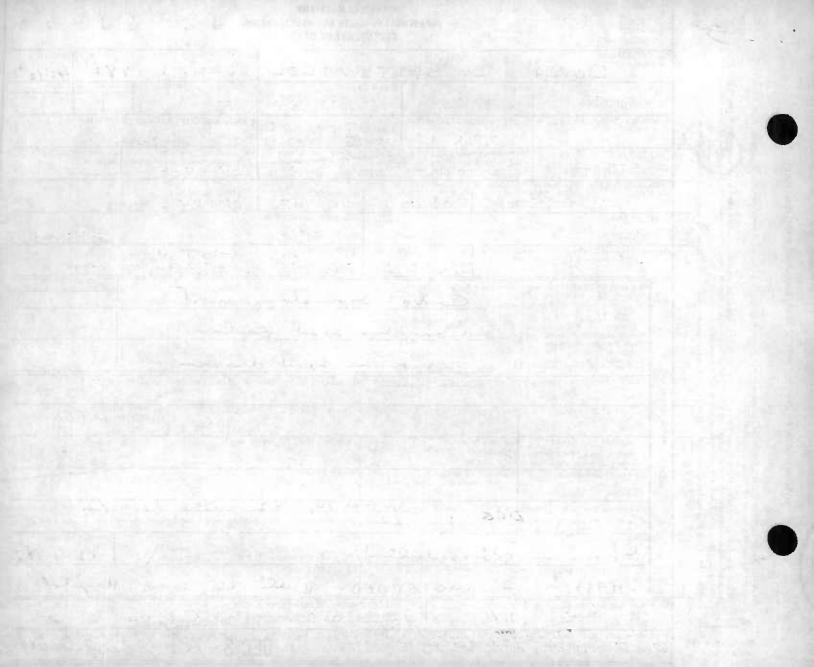
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		REGISTRAR				CLKIII	ICAIL OI	PLAIN	REC	. NO.			
1		CEASED NAME	FIRST	-	AIDDLE	(AST		2a. DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR	
	(TYPE	OR PRINT)	RA	1	. 3P	TT	ZNA	CEL	Dec		1782	4:41	O'M
	3. SEX	(. RACE	25 6 10 10	5. DATE C			A. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAY		HRS MIN.
		Female			hite	MONTH 12	19	1896	85	YRS	5.	SHOURS	MIN.
4		RTHPLACE (STATE OR FO	OREIGN 1		WHAT COUNTRY?			MARRIED -	9. BALTIMORE CIT				
	10 CI	TY OR TOWN OF DEA	TM	U.S	· A ·	WIDOWE		ONORCED [Baltimo	re Cor		OF BUSINESS	MD
5		ndallstown		(IF NOT IN SUC	re County	ADDRESS)			Sewing W	ST OF WORKING			S OR
1		AL RESIDENCE (IF NURSI	NG HOME OR	THER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)				22			
S		MD	136. COUN Baltii	nore	Woodlawn		YES 🗆	NO X	13e STREET ADDRE		treet		
1	14. FA	THER'S NAME		HDDLE	LAST		15. MOTHE	R'S MAIDEN NA	ME	E			
9		James		E.	Ware			Pella				dicord	!
	16a V	VAS DECEASED EVER I		WAR OR DATES)	16b. SOCIAL SECUI	RITY NO.	17. INFORA	Mrs.	Dorothy B	lackbu	irn		
		NO OR UNKNOWN)			217-24-94	14	6404	Kriel S	t., Balti	more,	MD 21207		
	NOI	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	ediate g the last.	(b)	R AS A CONSEQUE	NCE OF	L Re NOT RELATE	ED TO THE TERM	dinal disease or c	ONDITION (GIVEN IN PART	1(a	
7	TIFICATION	190. DATE OF OPERATION 196. COND			DITION FOR WHICH OPERATION WAS PERFO			ORMED	200 AUTOPSY?	IN CER	YES, WERE FINE RTIFYING CAUS YES		?
7	CAL CERTIFI	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW	INJURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM I	18 PART I OR PART 2)	
	MEDICAL	21d. IN JURY OCCURR WHILE NOT WHI AT WORK AT WORK		21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCAT		CITY	OR TOWN	COUNTY	STA	TE
1		220. I certify that (I) (this hospital) attended the deceased from							haur and from the	that (I) (we he couses state TE SIGNED	ed		
		22d PHYSICIAN'S NA			ATOMA	BBE	22. ADDR	Bult	· C.	C-	. Hon		2
		SURIAL, CREMATION, F SPECIFY) Bur		23b. DATE 12/4/				Cemeter	23d. LOCATION CITY OF YOW Baltim		ty	MD STAT	

DHMH - 16 50M 4/B2

(VRA 15, 4)

14 FUNERAL DIRECTOR LOring Byers Funeral Directors, Inc 250.
8728 "Tiberty Rd., Randallstown, FSSS MD 21133"



CLARENCE M. SPORER 12 CS 8210:303 TONSON K701 N. CHARLES STREET MASSIVE MEMORTYSIS LUMA CA. 12-05. AND VENTRICULAR TACHYCARDIP 12-05. 32 12-15. 62 DR. L. WHITANER GREATER BALTINORE MEDICAL CENTER	and the second					
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		REGISTRAR				CERTIF	ICATE OF L	EAIN	RE	G. NO.			
		DECEASED NAME	FIRST	1	MIDDLE		ÄŠT		20. DATE OF DEA	нтиом НТ	DAY	YEAR	2b. HOUR
egt 3		(TYPE OR PRINT)	CRISPI	N	Μ.	ST	AMER			12	23	82	4:00E
0.0	_ 3	. SEX		4. RACE		5. DATE C		WF 4.0	6. AGE (IN YEARS L	AST BIRTHDAY)	IF UND	DER 1 YEAR	IF UNDER 24 HI
1		MALE		WH	ITE	10	18	80		2 YR		DATS	HOURS MI
(MA)	7	COUNTRY)	OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8.	D NEVER A	AAPPIED X	9 BALTIMORE C	TY OR COUN	TY OF D	EATH	
Y. A.	5	MARYLANI			S.A.	WIDOWE	D DI	VORCED	BALTIM	ORE COL	JNTY		
21 1	1	O. CITY OR TOWN OF E	EATH	11. NAME OF H	HOSPITAL, NUR		OR OTHER INST	TITUTION	120. USUAL OCCU			KIND OF	F BUSINESS
1	9	WOODLAWN			H COURT		. 9		N/A			N/A	
2 THE		JOUAL RESIDENCE (FN 30. STATE	13b. COUN	OTHER INSTITUTION	13c. CITY OR TO	ORE ADMISSION)	1 13d. INSIDE C	ITY LIMITS?	13e. STREET ADDR	ESS			
44	1	MARYLAND	BALT	IMORE	WOODL	AWN	YES 🗌	NO 😾		H COURT	A ?	PT.	9 212
2	0	I. FATHER'S NAME		WIDDLE	LAST		15. MOTHER'S	S MAIDEN NAM	AE MID	DLE		LAST	
1000		EDWARD			STAME	STAMER		ATRICIA			SOWERS		
ficol 1	1	(YES, NO OR UNKNOWN)		MED FORCES?	166. SOCIAL SE	CURITY NO.	17. INFORMA	INT	Α	DDRESS		21	207
2 11		N/A	(4.162, 61.	e man on omegy	219-9	6-7807	EDWAR	D L. ST.	AMER 1	EDITH C	COURT	AP	r. 9
£ 75 €	F	18 CAUSE OF DE	ATH (Enter an	ly ane cause per	line far (a), (b),	and (c).)						BETWEEN	MATE INTERVAL
t, cremati other tru		Conditions, if a gave rise to cause (a), sto	immediate	DUE TO, OI	Thromb RAS A CONSEC Acute	DUENCE OF	1		eulcemic				
en ple en ple burio ury, or			GNIFICANT (CONDITIONS CO	1				NAL DISEASE OR		GIVEN IN	PART Ita	
ne prio	CERTIFICATION	190. DATE OF OPE	RATION	19b. CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY	IN CE		CAUSES	IGS USED OF DEATH?
Hygin 18 sho		ON CONTRACTOR OF				DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE C		18 PART 1 O	R PART 2)	
		(IF EITHER NOTIFY M	EDICAL EXAMINER	P./		19		-					
and M ked ar		(IF EITHER NOTIFY M ZId INJURY OCCI WHILE NOT	WHILE WORK	21e, PLACE (OF INJURY REET, FACTORY, OFFIC	CE, FARM, ETC)	21f. LOCATIO	DN	CITY	ORTOWN	C	OUNTY	STATE
No. Arres of the Use as the Health and is marked		220.1 certify that		tal) attended th	e deceased frai		4	19 82	_, to De	2.23	. 19 8	2	hot (I) (we)
of He		sow the dece	ased glive on	t) view the bady		82,0	nd that in (my)	(aur) apinion o	leath accurred an	the date and	haur and	fram the c	auses stated
Dept.		22b. SIGNATURE	a cicy and in		,		DEGREE	100			2	2c. DATE S	IGNED
0 0		C	ellen	D- 20	hwat	, M.	D.	ATTENDING PHYSICIAN E	MEDICAL DIRECTOR P	STAFF HYSICIAN [12/	23/8:
with the State		22d. PHYSICIAN'S	NAME (TYPE C	OR PRINT)	U		220. ADDRES	SS					7
should with the	Ц	ALLEN SO	CHWARTZ	M.D.	36 7		1016		THERN PA				
n 2 = 4	1	30. BURIAL, CREMATIC		23b. DATE			EMETERY OR		23d LOCATION		cou	NTY	STATE
		CREMATION		12-24	4-82	LOUD	ON PARI			MORE CI	TY	M/	ARYLAN
16 50M 4/B2	1	4 FUNERAL DIRECTOR			ADDRES	\$	21229	250. DAT	REC'D BY REGIS	TRAR 25b. RE	TRAR'S	SIGNATI	JRE
RA 15, 4)		HUBBARD FUI	IERAT, F	HOME. TN		-	IS AVEN	UE J	JEUZ /	100	10-Cu	~do	Cahrel

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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		a deserva intrain		
ore 2 . The Apple Toll 1				
10 THE R. P. LEW.	ADDITO	1.2	A CHARLES	
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	Till and	Contract of		
Algorithms	ally and you	ALARA L		
		24		
Action Tolling	4	Loty Airs		
176 - CM 1	Marie III			

- STATE REGISTRAR DECEASED NAME

Goldia

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

Baltimore

HE YES, GIVE WAR OR DATEST

13b COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

White

U.S.A.

M.

TYPE OR PRINTS

Female

Dundalk

Maryland

NO OR UNKNOWN)

4. FATHER'S NAME Vanderbilt

70. BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

North Carolina

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9

MARRIED NEVER MARRIED

17. INFORMANT

1911

DIVORCED [

NO T

Lillie

13d. INSIDE CITY LIMITS?

Steele

5 DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

8140 Dundalk Avenue

13c. CITY OR TOWN

Mabe

Dundalk

16b SOCIAL SECURITY NO

243-10-2197

REG. NO

12

9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County

ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

8140 Dundalk Ave.

Belle.

20. DATE OF DEATH MONTH

& AGE (IN YEARS LAST BIRTHDAY)

120 USUAL OCCUPATION

Beautician

13e. STREET ADDRESS

20a AUTOPSY?

82

2b. HOUR

IF UNDER 24 HRS

21222

21222

Corns

ADDRESS8140 Dundalk Avenue

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

Balto. MD

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200	2	-
2 2 2	3	-
-		

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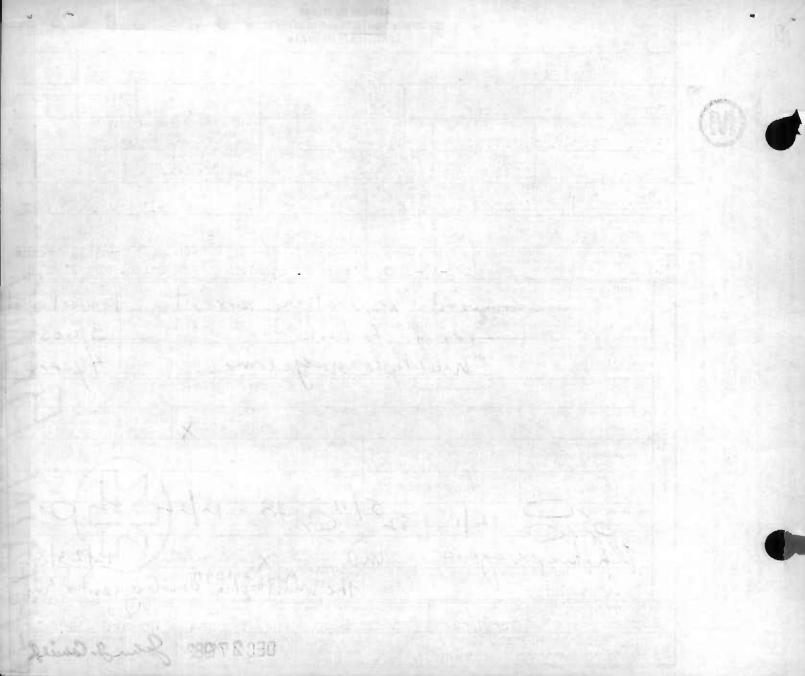
CERTIFICATION 19n DATE OF OPERATION

Burial BP.

210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINER PM 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE this haspital) ottended the deceased from 22a.1 certify that M opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DAJE SIGNED DIRECTOR PHYSICIAN 22e ADDRESS Dr. Humphrey 230. BURIAL, CREMATION, REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY CITY OF TOWN Meadowridge 12/27/82 Dorsev Howard 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue Dundalk, MD. 21222

James F. Steele 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse last.

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

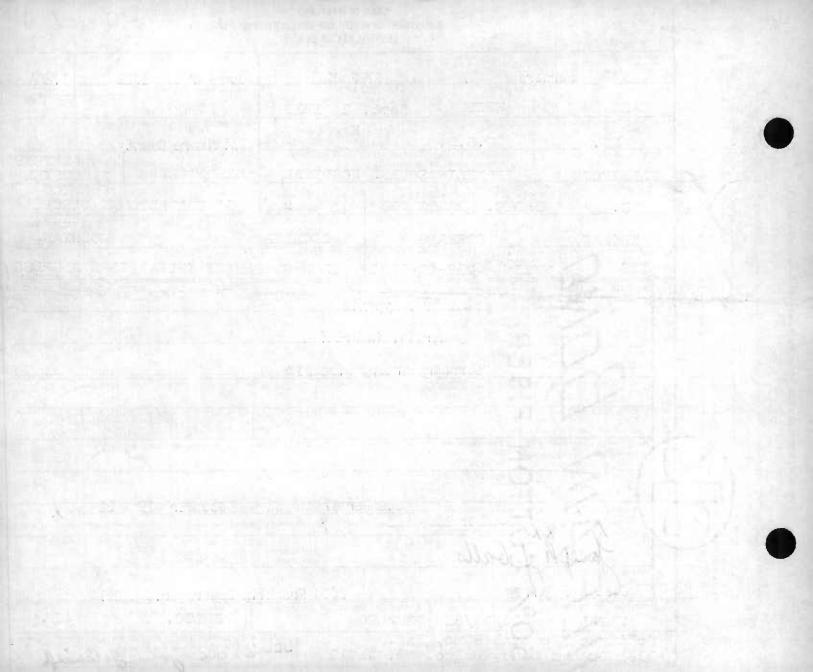


	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND MICATE OF DE	ENTAL HYGI		EG. NO.	3 (9	7 0
0		CEASED NAME	FIRST	ELETI)	WIDDLE	l	AST	TAN 1	20. DATE OF DE	ATH MON	H DAY	YEAR	26 HOUR
-(164)			Berna	rd	Т.	ST	EFANSKI		Decembe	r 19	1982		1 20A M
1000	3 SE			4 RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS		IF UNI	DERIYEAR	IF UNDER 24 HRS
00 7		MALE		WHI	TE	Sept.		13	69		YRS	S. DAYS	HOURS MIN
1 10 101	W 8	IRTHPLACE (STATE OF F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	X NEVER MA	APPIED [9 BALTIMORE			EATH	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	MD.		U.	S.A.	WIDOWE		ORCED	Baltim	ore C	ounty		MD.
1 11 2	10. C	ITY OR TOWN OF DEA	ATH .	11. NAME OF	HOSPITAL, NURSII		R OTHER INSTIT	TUTION	12a. USUAL OCC	UPATION	12	b. KIND ON	TRYORT
5 37 07	1 1	BALTIMORE			KLIN SO		HOSPIT	TAL	OISPA	TCHE	RING LIFE) IN		USINE
1 1 2 20	JSU	AL RESIDENCE (IF NURS		OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	124 INICIDE CIT	V 1111750				SERV	
2 # B	1	MD.		ALTO.	BALTIM		13d. INSIDE CIT	NO 🔀	13e STREET ADD	HAPE	LTOWN	E CI	RCLE
4 55 5	14 F	ATHER'S NAME					15. MOTHER'S	MAIDEN NAA	ΛE				1236
1 11 00	1	THOMAS		MIDDLE	TEFANSK	I		CELIA	MI	DDLE		WOZN	IAK
D D D		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU		17 INFORMAN	IT		ADDRESS			
P 00 9	1	YES NO OR UNKNOWN)	WW	I I	213-05-	1132	HELEN	N STEE	FANSKI	(WIF	E) SA	ME A	DDRESS
that the death central day the ottending press remove correction, or tentral correction or or other traumatics.		Conditions, if ony, gove rise to imm couse (o), statin underlying couse	which nediote g the	(b)	Cerebra] R AS A CONSEOU Myocardi R AS A CONSEOU Coronary	ENCE OF	farction						
gne n pl burn	7	PART 2 OTHER SIGN	VIFICANT C						NAL DISEASE OR	CONDITIO	N GIVEN IN	PART 1:a	
The low requicion. te hos been si stir permit. The giene prior to shows ony inju	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFOR	MED	200 AUTOPSY	IN	IF YES, WEI		
SICIAN: ng phys certifico uriol-fros tentol Hy	MEDICAL CER	21g ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	HOUR A.	M. MONTH D M.	AY YEAR			ED (ENTER NATURE	OF INJURY IN I	EM 18 PART I C	OR PART 2)	
ING PHY r offendi After this os the bu th and M	MED	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	RE 🗍	21e PLACE (AT HOME STI	REET, FACTORY, OFFICE,		211. LOCATION STREET	- 00		Y OR TOWN	10	OUNTY	STATE
TTEND pritol o pritol o for use of Heol	1	22a. I certify that it sow the decease above, it (we) (d	d olive on	Decemb	er 19 19		d that in (m/k) (c	pur) opinion d	eoth occurred on		, , , _		ouses stoted
ITAL OR A by the hosy the hosy electroched stote Dept NT. If Item		22b. SIGNATUR	eph	1. 6a	llo		PH	TENDING TYSICIAN	MEDICAL DIRECTOR P	STAFF		22c DATES	IGNED
O HOSPITA O HOSPITA TO FUNERA Thould be de with the Stott MPORTANT:		Joseph	J Gal	R (RINT)			9000	Frank1	in Squar	re Dr.	, 212	37	

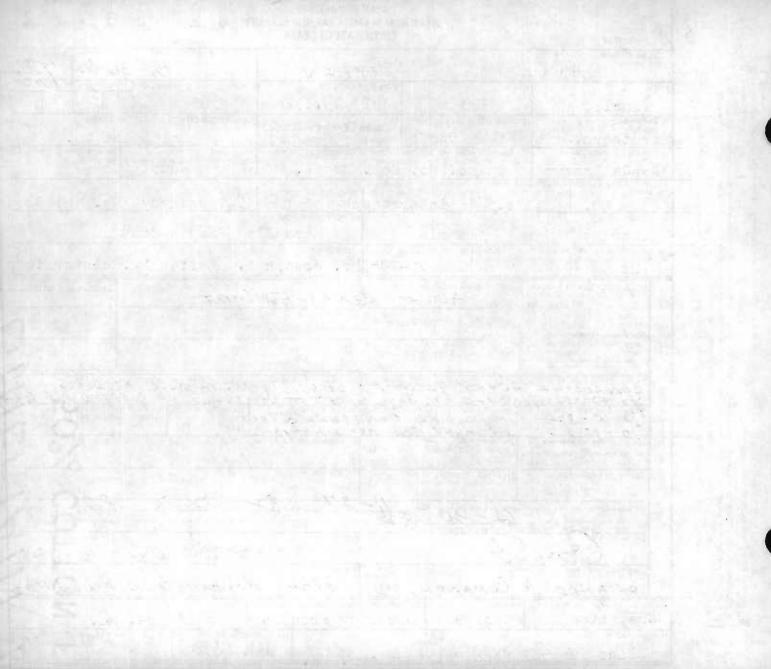
	No.	PART L DEATH WAS CAUSED B	one couse per line for (a), (b), and (c) = 3Y. CAUSE (o) Cerebral hypo		Hara N	APPI BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH				
		Conditions, if ony, which gove rise to immediate									
		couse (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF								
	ATION	PART 2 OTHER SIGNIFICANT COM	DITION GIVEN IN PART	110							
	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES \(\text{NO} \text{NO} \)			206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO					
7	_	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)				
	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO		STATE				
		22a. I certify that M (this hospital) attended the deceased from December 17, 19, 82, to December 19, 19, 82, that X (we) los sow the deceased alive on December 19, 19, 82, and that in (m) (our) opinion death occurred on the date and hour and from the causes stated above. X (ye) (did) (dy ma) view the body after death.									
		Jaceph 1	FF CIAN []	ATE SIGNED							
		Joseph J Gall		22e ADDRESS 9000 Frankl	in Square	Dr. 21237					
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 23c. NAME OF C 12/22/82 PARKWO	EMETERY OR CREMATORY	23d LOCATION BALTO		MDSTATE				
			eral HOme, Inc. ane, Balto. Md. 2	1213 250 DATE	21 1982	256, REGISTRAR'S SIGN	aniela				

DHMH-16 50M 1/81 (VRA 15, 4)

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	Y.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 2	3	0 9	7 3
		CEASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
poge 3			loses	E	DGENE	57	TEIN		12 30	2 82	4:47PM
4 may or, pag	3. SE	x	4.	RACE	F B	5. DATE C	DAY 1906	6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
age a		MALE		WHI		Decer	mber 19,06	76	YRS.		
in 72 hours		RTHPLACE (STATE OR FO COUNTRY) Virginia	OREIGN 71	U.S.A	WHAT COUNTE	MARRIEI WIDOWE	NEVER MARRIED	Baltimore city of Baltimor			MD.
Souther the Continued with		TY OR TOWN OF DEA OWSON	TH 1		HOSPITAL, NUR		or other institution	USUAL OCCUPAT	ON OF WORKING LIFE)	126. KIND O INDUSTRY Insura	ance
LAND 2 12 Land 24 hour ly filled in should be f		AL RESIDENCE (IF NURSI	136. GOUNT	ther institution. Eimore	13c. CITY OR I		13d. INSIDE CITY LIMITS?	130. SIREELADDRESS	legheny	Ave.	Apt. 110
completely 1 and 2 sh	14. F/	Moses Moses	MI	DDUE S	tein LAST		15. MOTHER'S MAIDEN NA. ROSa FIRST		Coope	LAST	
mond co		VAS DECEASED EVER I		ED FORCES?	166. SOCIAL SE 212-09		Mrs. Harriet	ADDR		Allec	jheny Ave
BALT cate to appers val. nt, the		18 CAUSE OF DEATH	(Enter only	one couse per	line for (a), (b),		PEC URRENTMY				MATE INTERVAL DNSET AND DEATH
RDS, 201 W. PRESTON equires that the death consigned by the attendin Then please remove carb rab burial, cremation, or injury, or ather troumotic	NO	Conditions, if any, gove rise to imm couse (a), stating underlying couse	ediate g the lost.	(b)	R AS A CONSE	DUENCE OF	CLEROTIC HE NOT RELATED TO THE TERM UPPER RES	NINAL DISEASE OR CON	DITION GIVEN	IN PART 100	Pes
he low roon. The permit ene prio	CERTIFICATION	196. DATE OF OPERAT	ION	196. COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	VERE FINDING CAUSES	
SION OF VITAL PHYSICIAN: The ending physicion this certificate h he burial-transit f and Mental Hygies d or fem 18 sho		210. ACCIDENT WAS UND OR CONTRIBUTING C [IF EITHER NOTIFY MEDIC	AUSE OF DEATH	,	F INJURY M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
VISION C 4G PHYSIC attending for this cor s the burio h and Ment rked or he	MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR		210. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFI	CE, FARM ETC)	211. LOCATION STREET	CITY OR TO	DWN	COUNTY	STATE
ATTENDIN spirtal or a CTOR: Aff for use o of Health in 21 is most		22a.1 certify that (I) sow the decease above, (I) (we) (d	d olive on_	706	EC 19	1	nd that in (my) (our) opinion	, 10			that (I) (we) last causes stated
Her Her		226. SIGNATURE	rick	Well	uner)	(MD)	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	12. DATE	SIGNED
JO HOSPITAL OF TENTING BY THE STORE BY WITH THE		FREDER	iek	JVO	LIMER		6100 YORK		TIMORS	MD:	21212
BP		BURIAL, CREMATION, I	REMOVAL	236. DATE 1-3-1		Dulane	EMETERY OR CREMATORY Y Valley	23d. LOCATION CITY OR TOWN COCKEYS	rille		yland
DHMH - 16 50M 4/82 (VRA 15, 4)	Ru Ru	UNERAL DIRECTOR NAME CK TOWSON	Funera	al Home	, Inc.	Towson,	ork Road 250 DAT Maryland	IAN 3 1983	256. RECESTION	ESSIGNAT	Mitter 1

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			state
	100	NAVE TERMEDICAL	
allege Zer Gereger al falle		List Mr. Hampitals	on Feligi

4	1.	FOR STATE REGISTRAR	DI	EPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 2.	30974
a see		CEASED NAME FIRST Ethel		Stı	?aw	Dec. 18, 198	B2 PAR 26. HOUR
	3. SE	Female	White	5. DATE O	of Birth 5t. 10, 1888	6. AGE (IN YEARS LAST BIRTHDAY) 94 YR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	7a 81	RTHPLACE (STATE OR FOREIGN 7)	U.S.A.	JNTRY? 8. MARRIE WIDOWI	D NEVER MARRIED D	Baltimore Coun	
s after of the full filled with	10. C	Randallstown	1. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GR	VE STREET ADDRESS)	or other institution	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	G LIFE) 126. KIND OF BUSINESS OR INDUSTRY
filled in nould be	13a. S	AL RESIDENCE I IF NURSING HOMEORO	OTHER INSTITUTION, GIVE RESIDENT 136. CITY OF BALLEI	CE BEFORE ADMISSION) OR TOWN MOTE	134. INSIDE CITY LIMITS?	13e. STREET ADBRESS Daisy	Ave.
MARY LAND red within 24 mpletely fille and 2 should	14. FA	THER'S NAME George	Towe	rs	15. MOTHER'S MAIDEN NA Mary	WIODIE	Garner
BALIMORE, cote be execut sysician and cc appers. Pages I wol.	16a. V	VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) I IF YES, GIVE		28-7978	B. Donald St	118 ^{AD} Danbur traw Reistersto	y Road own, Md. 21136
RDS, 201 W. PRESTON ST equires that the death cert in signed by the attending in Then please remove corbon r to burial, cremation, or rer injury, or other traumatic ev	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SANIFICANT CO.	DUE TO, OR BUS	MSECULAR OF A TOP OF THE PORT	Imbala anterna NOT REPATED TO THE TERM OFFICE OF	been disease or condition of cerel of m	5 day Sycar Given in part 1101 Calcanana
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physicion. Wher this certificate has been sig as the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	L CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	20a AUTOPSY? 20b. IF IN CER YES NO NO NITEM	YES, WERE FADINGS USED VILLEYING CAUSES OF DEATH YES NO
DIVISION OF DIVISION OF DIVING PHYSICIA After this certif e as the burial-tilth and Mental morked or item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE	P.M. 23e. PLACE OF INJURY LAT HOME, STREET, FACTORY,		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TAL OR ATTENION by the hospital of the hospita		22a.1 certify that (1) (1) is hospite sow the accessed alive an above, the well did (did now 17th 51GHz URF	riew the body ofter death	1900 /	DEGREE ATTENDING PHYSICIAN	death occurred on the date and h	nour and from the couses stated The DATE SIGNED
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Stole MAPORTANT:		H- Herala	Oste	r	363 5 0/	'd Court,	Road
BP		URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE Dec. 21,1982		emetery or crematory w Cemetery	Union Bridge,	Carroll, Md.
OOGHMH-16 30M 2/80 (VRA 15, 4)	24. FI	INERACOTRECTOR	111	Mils, Mo		TE REC'D. BY REGISTRAR 24). REG	

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8E.135		7978 B. Donald the	b. Cr	No
	Interested motor	Service County	The State State	Trackler () [
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FOR

REGISTRAR

FIRST

DECEASED NAME

- STATE

TYPE OR PRINTI

DHMH - 16 50M 4/82

(VRA 15, 4)

12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 3917SHanover Street 21225 Gibson 21225 Gladys G. Stump 3917 S. Hanover Street PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN Removal/Burial 12/29/82 Church Hill Cemetery Salem Virginia 24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH

26 HOUR

10:30

IF UNDER 24 HRS

26

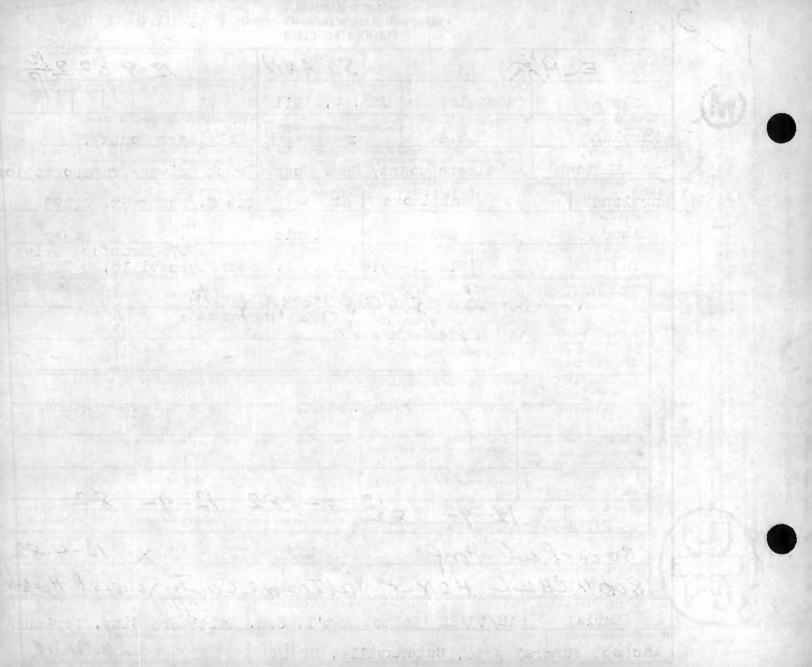
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME ELVIER MIDDLE SWANN 20. DATE OF DEATH MONTH YEAR 2b. HOU TYPE OR PRINTS EARL IF UNDER 24 HRS IF UNDER LYEAR 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Jan. 6° 1911 Male Caucasian BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. Maryland Baltimore County. WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Randallstown Baltimore County Truck Driver-Transportation Gen. Hosp USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN Baltimore 13a. STREET ADDRESS 134. INSIDE CITY LIMITS? Maryland 116 S. Mount St. 21223 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE FIRST MIDDLE Elmer Minnie Swann M. Bauer 690 Stratford Drive 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) 218-12-9814 Louis F. Swann Sykseville, MD 21784 Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per life for (a), (b), and (c) IMMEDIATE CAUSE (a) A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR'AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 0 (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21s. PLACE OF INJURY 21f LOCATION 0 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 228.1 certify that (I) (this haspital) amended the deceased from sow the deceased alive on and that in (mv) (aur) apinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) ld b 0 230. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY Buria Balto. Na.t. timore Cem Ba.1 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 MacNabb Funeral Home, Catonsville, MD (VRA 15, 4)



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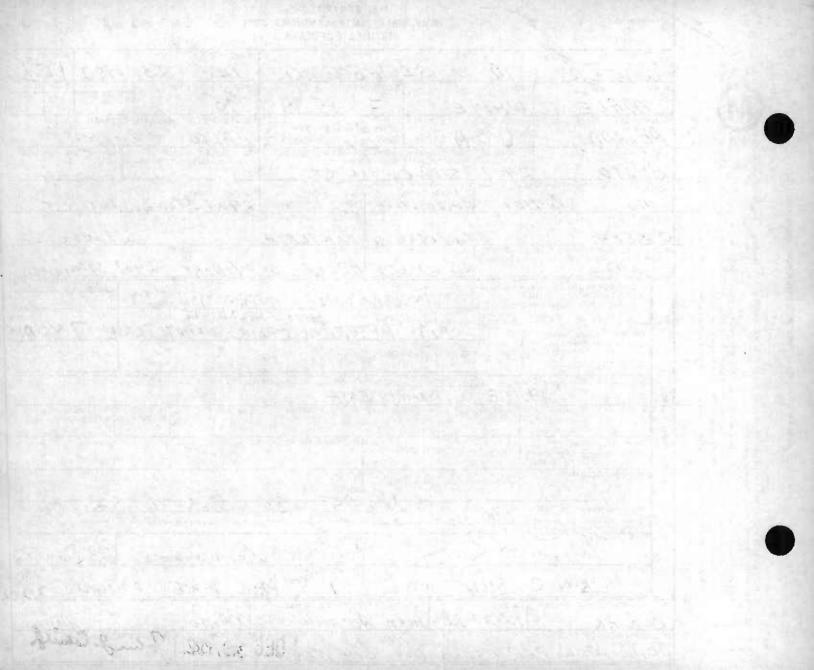
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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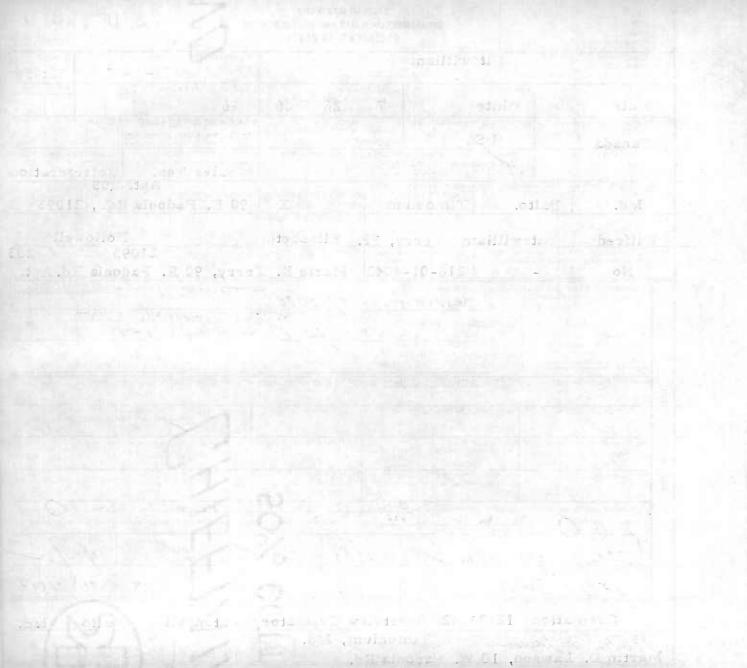
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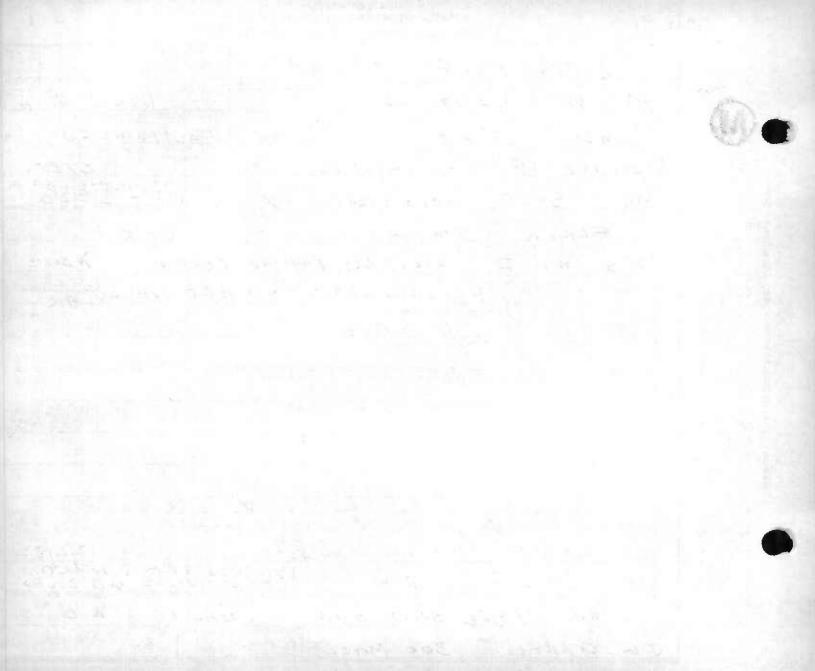
			OF MARYLAND	
/	FOR STATE		LTH AND MENTAL HYGIENE	2 309/9
6	REGISTRAR		S CERTIFICATE OF DEATH	REG. NO. 1:45an
)	I. DECEASED NAME FIRST			OF ESTI-
20 21 25 12	EVELY	N M TAUD		EATH MATED COMPANY 82/ BM
京三支属	1 SEX 4. RACE		F UNDER 1 YR. IF UNDER 24 HRS. 2c.	DATE MONTH DAY YEAR 24 HOUR
NA.	FW	5-19-1906 76 YRS.		DEAD Pecanta 28,82 15m
20	BIRTHPLACE (STATE OR	70 CITIZEN OF MALE COMMENT	APPLED NEVER MARRIED 9. BA	ALTHORE CITY OR COUNTY OF DEATH
ERS.	FOREIGN COUNTRY)	V.S.A.	ARRIED NEVER MARRIED NOWED DIVORCED	BALTIMORE COUNTY
1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR		MD. OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS
ROK	TOWSON	ST JOSEPH HOSPITAL		OF WORKING LIFE) OR INDUSTRY
8 54		ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Boak	KEEPER BANKING
854	Ha. STATE 135 CC	DUNTY 13C_CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e STREET A	
V	Mo.	BALTO.		O CLEARVIEW AVE.
30	14. FATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NAME	MIDDLE LAST
SU	LORENZ	TAUDTE		54008
2	140. WAS DECEASED EVER IN U.S. (YES, NO, OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	, D	ADDRESS 21234 Oure
-	No -	216-03-8869		
	18 CAUSE OF DEATH (Ente	r only ane course partition (a), (b), and (c).)	GESTIVE HEART FAILU	APPECIALMATE PUTSEVAL
L'E	PART I DEATH WAS CAL	DIATE CALLED TO COLOR	· Nearl	21/vre 3-1/24:
AS A BURIAL - TRANSIT PERMI CALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	0000	DUE TO, OR AS A CONSEQUENCE OF	FRACTURE OF LEFT HI	7-0
NNS NEW REA	Conditions, if ony, wh		errod helth	les 6 Day
NA NA	gove rise to immed cause (a) stating the unc		ARTERIOSCLEMOTIC CA	ARDIOVASCULAR
Z)	lying cause lost.	1 ASC	V D	DISEASE 1 TO A LAND
	PART 2 OTNER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL (SEASE OF CONDITION CIVEN IN PART 1	1 70
3			A CONDITION OF THE PART TO	
	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED?	20 AUTOPSY?
RIAL, CREM	S. S			
3	21g. EXTERNAL CAUSE WAS	216. TIME-OF INJURY 12	C. HOW INJURY OCCURRED (ENTER NATUR	YES NO N'
DI PRIOR TO BORIA	UNDERLYING OR	HOUR AM MONTH DAY YEAR	5.00	Provide a
2	UNDERLYING OR CONTRIBUTING CONTRIBUTING COURTED TILL INJURY OCCURRED WHILE NOT WHILE		LOCATION ELL	C Dd thyoon
1201	WHILE NOT WHILE	STREET, FACTORY FARM, ETC.)	STREET	PRIOWN / D. COUNTY OF STATE
1	AT WORK AT WORK	Home	27 ruclear	len Bollo CityMN
20	220. I certify that I took ch	harge of the remains described abave, held an	utopsy . Inspection . In	quiry , and in my opinian > 1234
A.18	death resulted from: N	latural causes . Accident . Suicide	, Homicide Undetermin	
Z Z	100		Martine ISPECT	12/2/
T. X	ACTUAL SIGNAPHINA	ell-(10) and	Windlebellar MEDICAL	EXAMINER SIGNED
Z SE		n	and y MEDICAL	EXAMINER SIGNED
A E	EXAMINER'S NAME CHA	ARLES O'DONNELL, M.D.	ADDRESS	
AFTER DEATH, WITH BALTIMORE, MARYL	23a BURIAL, CREMATION, REMOVA		RY OR CREMATORY 123d LOCAT	ION
10	(SPECIFY)		CITY OR TO	WN COUNTY STATE
-	24. FUNERAL DIRECTOR	12-91-82 PARKWOO	250. DATE REC'D. BY REG	ALTO-, MD- GISTRAR 1280 REGISTRAR'S SIGNATURE
7	BJAME TV. M.	Ille - ADDRESS AL A D		182 John & Comick
AE (5)) /80	Janua III	1397 Harry	Mer - 520 20 10	

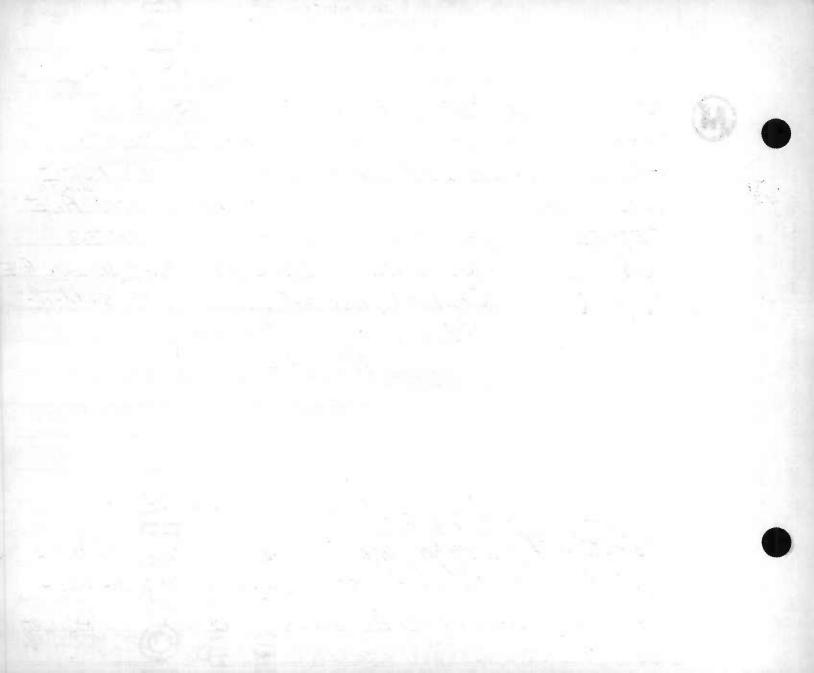
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6.	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYGI	ENE 8 2	3	0 9	8	0
		CEASED NAME FIRST	Fit	zwilliam	L	AST		20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR	
à (min)	11111	WILFR		T.	TERRY	TD			12-20-	-82	12:4	45 pm
E VISTI	3. SE		I. RACE		5. DATE O	F BIRTH		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 2	
1 11		Male	White		MONTH	26	řô6	76	YRS.	ONTHS DAYS	HOURS	MIN.
E E 195		RTHPLACE (STATE OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8.	NEVER M	APPIED T	9. BALTIMORE CITY	OR COUNTY	OF DEATH		
the state of the		Canada	US	iA	WIDOWE		ORCED	BALTIMORE	COUNT	Y		MD.
by the filed		SON		HOSPITAL, NURSIN CHEACHTY, GIVE STREET HOSE		R OTHER INST	TUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Sales F	OF WORKING LIFE	12b. KIND O INDUSTRY Refri		
212 hours	USU.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	. GIVE RESIDENCE BEFORE	ADMISSION)				Apt.		8010	
hin 24 h	130. 3	Md. Balt		Timoniu		13d. INSIDE CI	NO X	90 E. Pa	donia	Rd 2	1093	5
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completion of co	,		zwillia	m Terr	v. Sr		abeth	WIDDLE		Hollow		
RE, A	16a V	VAS DECEASED EVER IN U.S. ARA	ED FORCES?	16b SOCIAL SECU		17 INFORMAL		ADD	RESS 210			203
MORE e execu	{	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	218-01-	4042	Mari	e K. T	erry, 90			Δ 5	
ALTI		18 CAUSE OF DEATH (Enter only	one couse pe							APPROXI	MATE INTERV	
phys npop movent,		PART I. DEATH WAS CAUSED	BY.	Respir,		FAIL	URER	ESPIRATORY	FALLUI	C. B. WILLIAM	NSET AND D	LAIN
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours raterificate has been signed by the attending physician and completely filled in by os the buriol-transi permit. Then please remove corbonoppers. Pages 1 and 2 should be filled that man mental Hygiene prior to buriol, cremation, or removal. Or should be filled in by the attendance of the medical explainment of the filled in by the filled	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR COI	NDITION GIVE	N IN PART 10	V	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 19 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DAY YEAR 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 228 6 JYRS DEAD 6 M M 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE MARRIED KNEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) OR INDUSTRY STEEL RECORDS 13a STATE COUNTY 133. INSIDE CITY LIMITS? 13e STREET ADDRESS T. PAGES 1 AND 2 SI DIVISION OF VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST AUDDLE FIRST 7 INFORMANT ARMED FORCES? (YES, NO, OR UNKNOWN) A BOUE AULINE APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE BURIAL - TRANSIT Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION ICATE, WRITING THE WORD "PER FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY LATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH WITH THE STA
BALTIMORE MARYLAND, 2 22a. I certify that I took charge of the regroups described above, held on Autopsy Inspection and in my opinion death resulted from Suicide Hamicide Undetermined manner Natural cause 23a BURIAL CREMATION, REMOVAL 23b DATE 23¢. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 24 FUNERAL DIRECTOR 250 REGISTRAR'S SIGNATURE 25g, DATE REC'D, BY REGISTRAR **DHMH-17** (VR A15 ME (5)) 15M 2/80





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E 9	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI			M.	19				
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1		J. NELSO	ON MCKA	Y		P. W.	1132	NORTH	ROLLING	G ROAD
		BURIAL, CREMATION,		23b. DATE		NAME OF CE	METERY OR	CREMATORY	23d LOCAT	
		BURTAL	- 77	19/7/	1082 M	T 7TO	M CEME	TEDV .	EAVE	POSUTILI

FOR

- STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

REGISTRAR

UNTY OF DEATH COUNTY 12b. KIND OF BUSINESS OR INDUSTRY KER WESTINGHOUSE 21228 ST WAY BALTO. MD. **LEATHERMAN** SHURST WAY 21228 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH N GIVEN IN PART 10 IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES 🗍 NO IT M 18 PART I OR PART 2) COUNTY STATE , 19 that (I) (me) last d hour and from the causes stated 22c. DATE SIGNED 12-6-8 BALTO. MD. 21228 24 FUNERAL DIRECTERDY & RUSSELL WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE BALTIMORE MD. 21228

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

2b. HOUR

1982 IF UNDER 1 YEAR

CERTIFICATE OF DEATH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO

250 DATE REC'D. BY REGISTRAR 256.

		OR PRINT	FIRST	1	AIDDLE	ı	AST		2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	1
-			dward	Theo	dore	Tr	ainor	1 71	December 3	0 1982		1:3	30pm
	3. SE)			4. RACE		5 DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 2	
		m		n		MONTH	1300/16		66	YRS	NIMS DAYS	HOURS	MIN.
1		RTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIE		9 BALTIMORE CITY O	R COUNTY O	FDEATH		
2		MP)	US	17	WIDOWE	D DIVORCE	D 🔲	Baltimore	County	/		MD.
7	10 CI	TY OR TOWN OF			HOSPITAL, NURSII H FACILITY, GIVE STREET		R OTHER INSTITUTIO	N	12a USUAL OCCUPATION OF OF WORK FOR MOST O		126. KIND O	F BUSINES	SOR
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2	u	MALLA	UE	TRA	INOR		IDA		SACI	15	LAS	T .	
		AS DECEASED E		MED FORCES?	16b SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRE	SS			
		VNK			217-00	1.4/12	MARY	TR	AINOR	A	BOL-	E	
		18 CAUSE OF E	DEATH (Enter or	ly one couse per	line for (a), (b), or	nd (c).)					BETWEEN	MATE INTERV	AL
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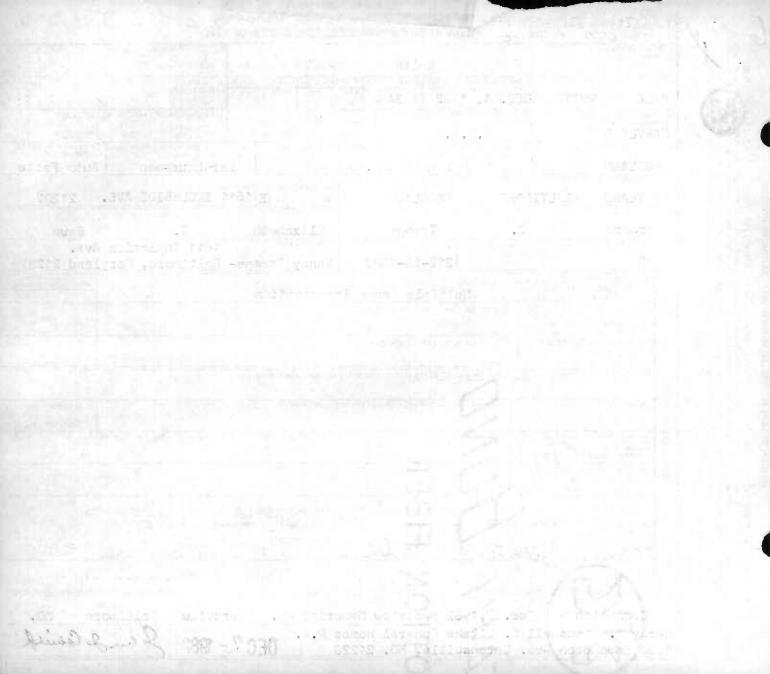
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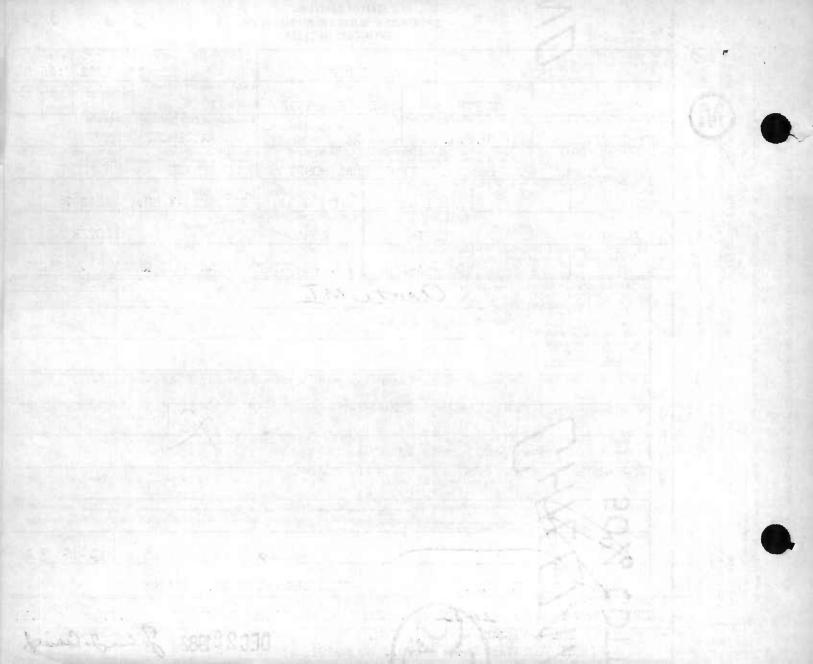
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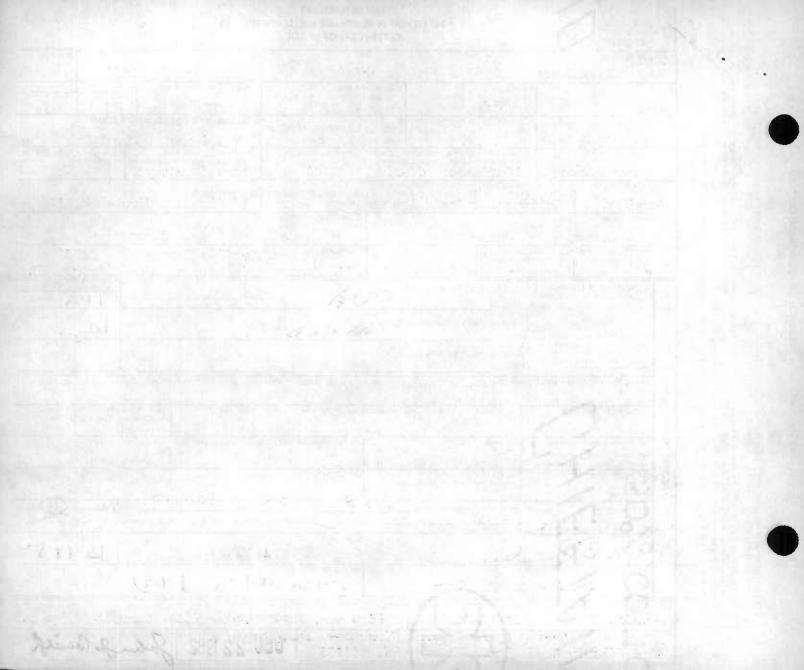


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ow Je do	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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35	Ball Ball	UNTY 13c. CITY OR TO	WN 13d. INSIDE CITY LIMITS? YES ## NO □	13. STREET ADDRESS 30 N. Milton Ave	
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oe execut n ond co	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 220–22–		ADDRESS FINO 1333 Hartford	d Sa. Dr. 2104
quires that the death signed by the ottena hen please remove co to burial, cremation, ciury, or other traumo		DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) T CONDITIONS CONTRIBUTING TO		minal disease or condition giv	EN IN PART 110
he faw re on. has been t permit. I ene priar	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
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DING PHYSIC or attending After this ce e as the buric alth and Men marked at the	CITE EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
OR ATTENI he hospital DIRECTOR: packed for us Dept. of He	obove, (1) (we) (did) (did s 22%. SIGNATURE M. Mulu	M - N	DEGREE ATTENDING PHYSICIAN	, to 12-23 I death accurred on the date and hou MEDICAL STAFF DIRECTOR PHYSICIAN	19 82 , that (I) (we) lose rand from the causes stated 22c. DATE SIGNED 12-2382
TO HOSPITAL retained by the TO FUNERAL should be det with the Store IMPORTANT:	22d. PHYSICIAN'S NAME (1991 M. RUBIN	, M.D.	22e ADDRESS GBMC -6701	N. CHARLES ST	
OBP	230. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY DODGEN	Wood Jawn Md	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR DELLA NOCE & SC	ONS 322 S, HIGH	ST. 25a.	EC271982 5 G	RAR'S SIGNATURE

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

FOR

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

FIRST

I. DECEASED NAME

- STATE

TYPE OR PRINTS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

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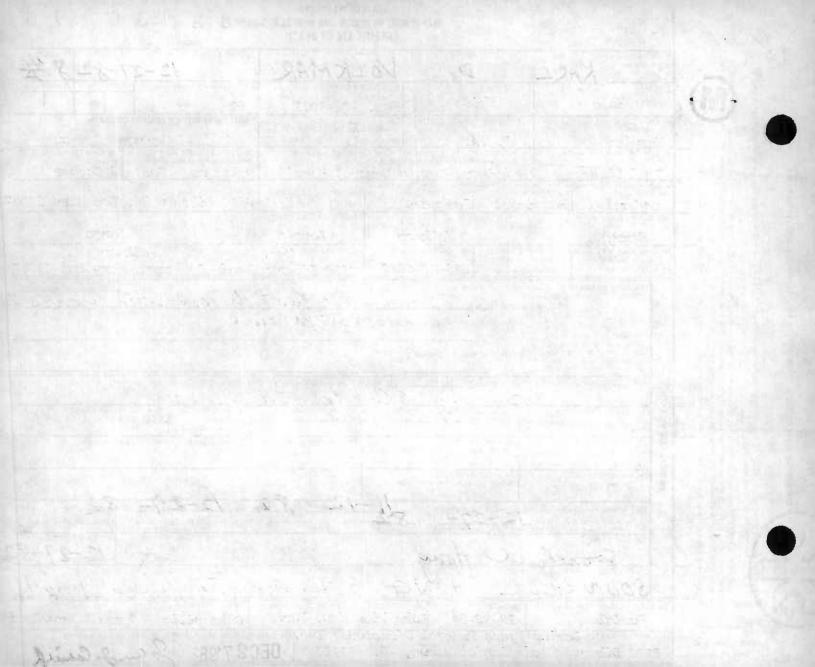
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DHMH - 16 50M 4/82	24. FU	NERAL DIRECTOR LO	oring y Roo	Byers	Funeral I	Direct	21133 Inc. 250.	FC27	REGISTRAR 2	Sh REGISTRAF	S SIGNATURE	



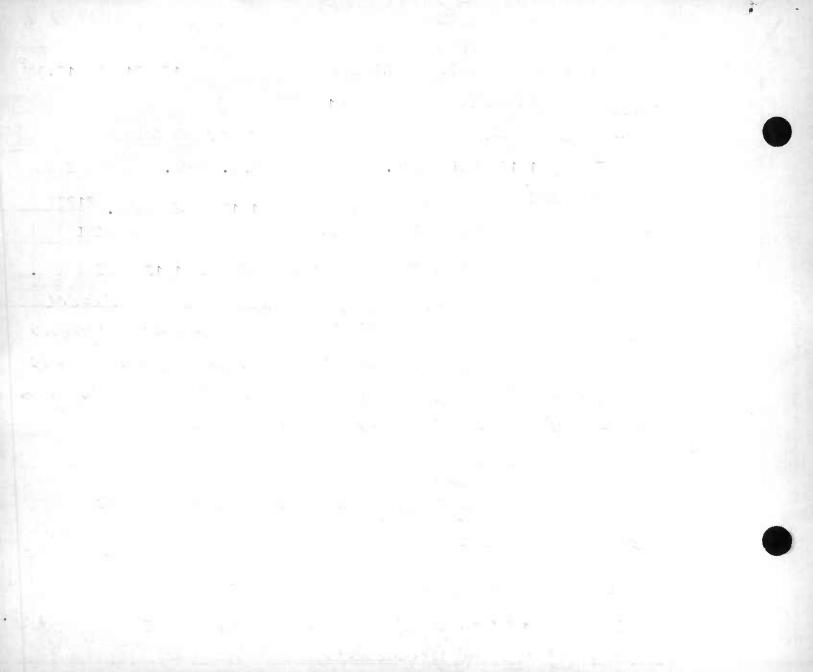
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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

(VRA 15, 4) 1/79

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Leonard J Ruck Inc.

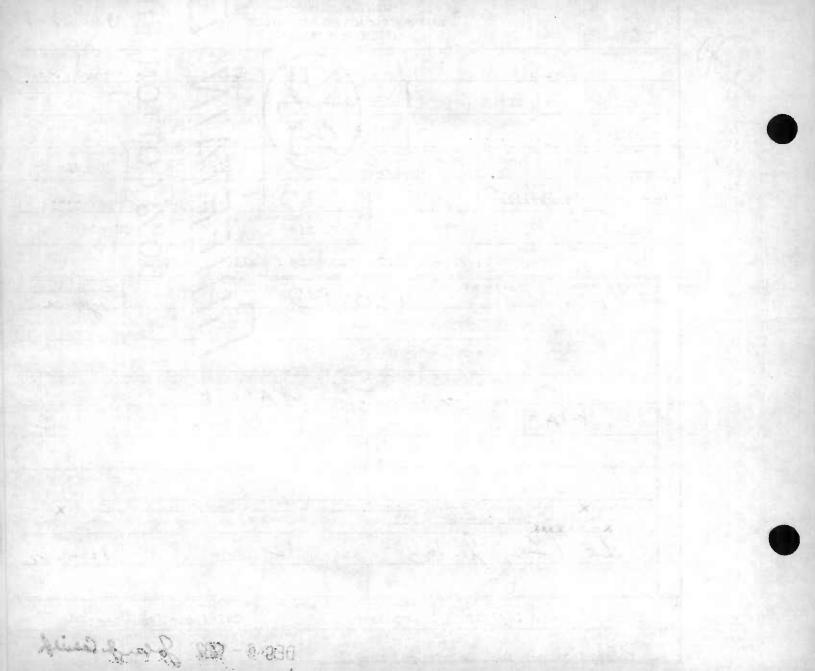
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ADDRESS

Leonard J. Ruck, Inc. Baltimore, Maryland

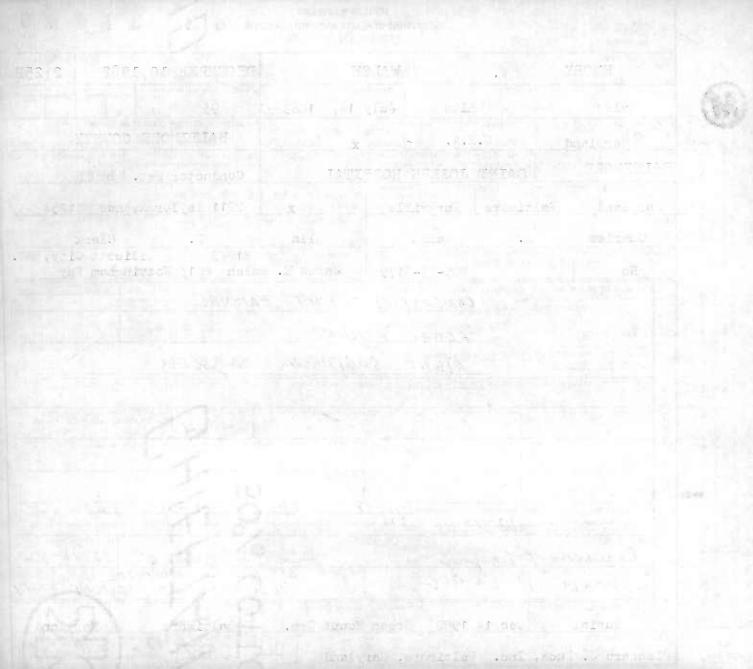
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)



6	FOR STATE REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	220.1 certify that X (sow the deceased above, X (we) (di	this hospital)						, to Dece death occurred on				hat X (we) lost ouses stated
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	Maria Dia							n Square		Balto.,	MD	21237
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	Burial		12-17	7-82 St	. Mi	chael	s Luth	1 0	Bal	timore	9,	Md.

(21236) 7401 Belair Rd.

DHMH - 16 50M 1/81 (VRA 15, 4)

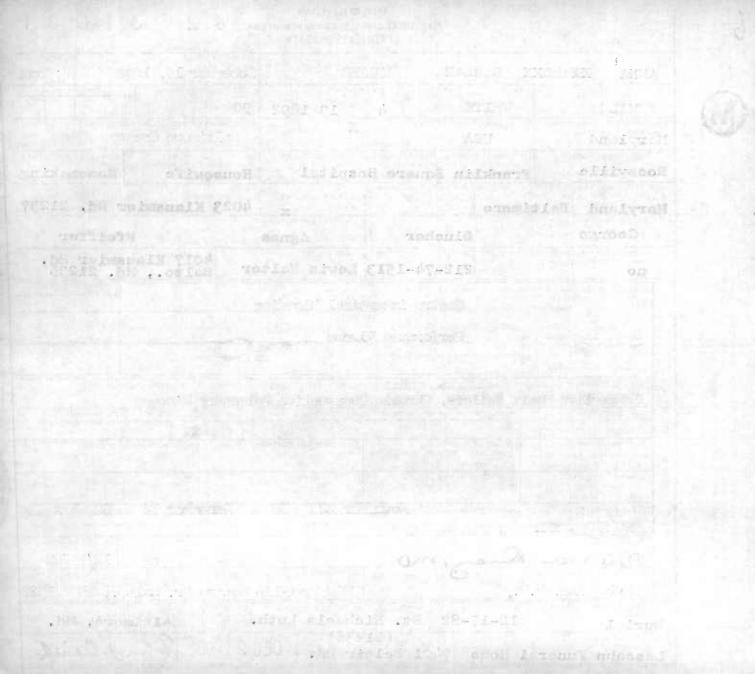
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IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR

Lassahn Funeral Home



William E. Johnson 8521 Loch Raven Blvd

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

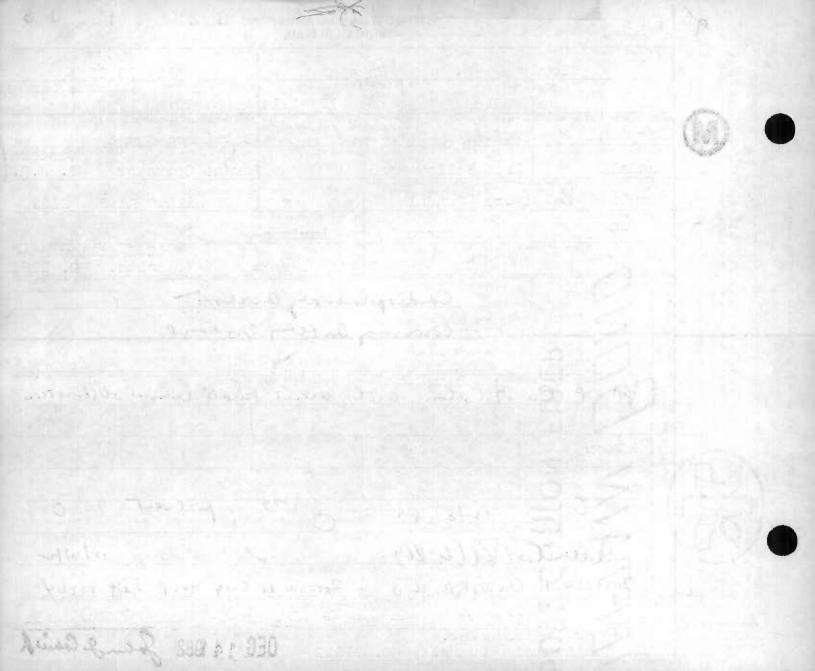
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Ē (1)		3. SEX		4. RACE	5. DATE OF	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	IDAY] IF U	NDER I YEAR	HOURS MIN.
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MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fil	31	14. FA	THER'S NAME PRIST BARNEY	O WARD		5. MOTHER'S MAIDEN NA	MILLIG	20/	LAST	
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TAL REC	I Samo	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	YES NO	20b. IF YES, WIN CERTIFYIN	G CAUSES	OF DEATH?
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O WHY	marked or in	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	CITY OR TOW	M	COUNTY	STATE
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10	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	HENE -8 2	3 1	0	0 5
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ou (IV)	3. SE	X		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTHD	IF UND	DER 1 YEAR IF UI	
9e 4		Female		White	е	June	27, 1920	62	YRS.	S OATS NOC	May Mile.
death. Page		RTHPLACE (STATE OR FOR COUNTRY) Maryland	REIGN	7b. CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED D DIVORCED	Baltimore City or C			MD.
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t, MARYLA uthin uted within a completely and 2 sh		THER'S NAME	_	middle mann	Albike	r	15. MOTHER'S MAIDEN NA Loretta	WE	W	adner	
		VAS DECEASED EVER IN		MED FORCES?	166. SOCIAL SEC		17. INFORMANT	ADDRESS			
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OR ATTENDI or hospital or DRECTOR: A sched for use Dept. of Heal		22a. I certify that (1) (t sow the deceased above, (1) (we) (dia 22b. SIGNATURE					nd that in (mg) (our) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the dote MEDICAL STAFF DIRECTOR PHYSICIA	ond hour ond	from the coust	
TO HOSPITAL TO FUNERAL should be dete			PAC	= au	RUSH			phs Hospit	762 al Bal		
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EATH EST,		John	F.	Webb		Helen	M.		LAS!	
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TO PAGE	23a. l	BURIAL, CREMATION, REMOV	AL 236 DATE	23c. NAME OF C	EMETERY O	R CREMATORY 2	d. LOCATION CITY OR TOWN	COUNTY	y 51	ATE
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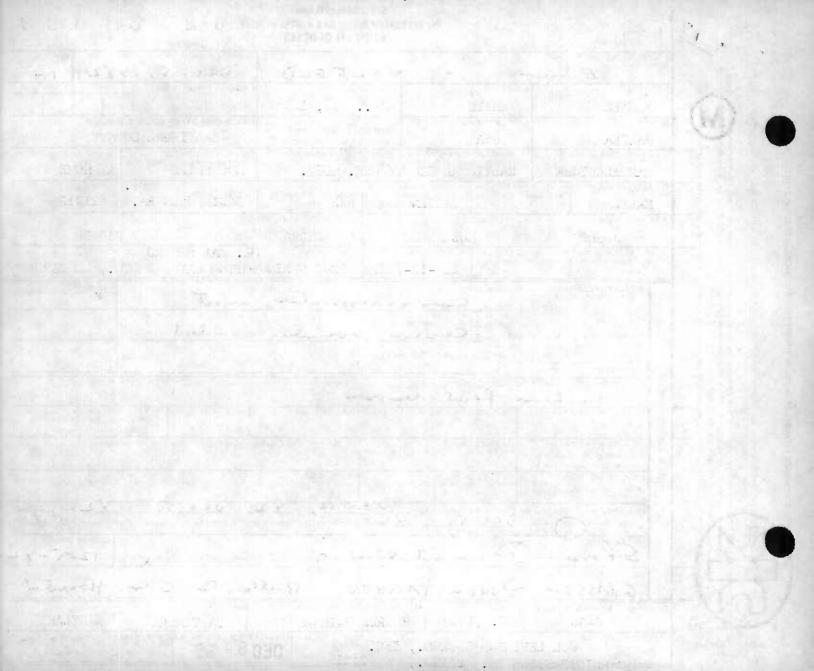
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S mit S	CERTIFICATION	19a. DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING		
ON OF VITAL RE ON OF VITAL RE HYSICIAN: The lo ding physician is certificate has buriol-transit per Mental Hygiene p Amental Hygiene p ri frem 18 showes	•	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	DE INJURY M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURE			OR PART 2)	
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TO FUNERAL DIRECTOR: After this certificate hos bee fhould be detached for use as the buriol-transit permit, with the State Dept. of Health and Mental Hygiene prian

hospital

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR				CERTIF	ICAILOI	PLAIN	REG. No	0.		
1	DECEASED NAME (TYPE OR PRINT)	HENRY		A.	WELLH	OUSE	Jr.		MONTH D	82	2b. HOUR
	3. SEX Male		4. RACE White		Jan.	F BIRTH 11, 19	20 YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
144	Virginia U. S.			what country? . A.	A. MARRIEDXX NEVER MARRIED DIVORCED DI			9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County			
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100	14. FATHER'S NAME Henry	A.	MIDDLE	Wellhouse	s, SR.		salie	ME MIDDLE		Gerriñ	lg
	I 6a. WAS DECEASED EVE (YES, NO OR UNKNOWN) YES		E WAR OR DATES)	166 SOCIAL SECU 230-18-1		17 INFORM		ADDRE lhouse, Sam		#13e	
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		Conditions, if ony, which (1b) DUE TO, OR AS A CONSEQUENCE OF Coronary Artery Inease							6,	tan.	
gove rise to immediate cause (a), stoling the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Arteriol clerosin, Hyperk								ypertan	Su. 10	+ 11	
	PART 2 OTHER SIG					NOT RELATE	D TO THE TERMI	inal disease or cont	OITION GIVE	N IN PART 110	
100	NO DATE OF OPER	_		TION FOR WHICH	OPERATIO			YES NO NO	IN CERTIFY		GS USED OF DEATH?
	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DE	viet .	M. MONTH DA	YEAR	21c. HOW II	NJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART 2)	

21d. INJURY OCCURRED

21e. PLACE OF INJURY

AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

CITY OR TOWN

STATE

sow the deceased alive on OCT. 12-82 above, (I) (wa) (did) (did not) view the body after death 226. SIGNATURE

DEGREE

9 1962

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

COUNTY

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Keith A. Manley, M.D.

22a I certify that (I) (this haspital) attended the deceased from sow the deceased alive an SCT 12 - 62 19

22e ADDRESS

1818 Pot Springs Road

23a. BURIAL, CREMATION, REMOVAL Burial

23b. DATE 12-3-82 231. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery

23d. LOCATION

Richmond, Virginia STATE

24 FUNERAL DIRECTOR

1050 York Road | 250 DATE REC'D. BY Ruck Towson Funeral Home, Incores Towson, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

1 5						REG. N			
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		Α,		ERT		December .		762	4:20 P
3. SE		4 RACE	5 DATE OF	BIRTH	YEAR	6 AGE (IN YEARS LAST BI	(THDAY)	IF UNDER I YEAR	HOURS MIN.
	Female	White	08	26	93	89	YRS		MIN.
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Ma	ryland	USA	WISA WIDOWED WORCED WIDOWED					ounty	M
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, P	NURSING HOME OF	OTHER INS	TITUTION	12a USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
Rar	dallstown, Md.	Old Court No		nter		Homemaker	3F WORKING	GLIFE) INDUSTRY	
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16a \	WAS DECEASED EVER IN U.S. AR				NT Balt	imore ADDR	ESS MI		207
- !	NO (IF YES, GIT	VE WAR OR DATES) 272-2				itehead 55		End who	
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-	Conditions, if ony, which gove rise to immediate	(b)	1-01024	-/	110	10/1/0	0.0	7	
-	couse (o), stoting the	DUE TO, OR AS A CON	SEQUENCE OF		· T .	0110	- 0	_ 1	
	underlying couse lost.	1 SILT	DUD SC	LEI	10/4	- Cours	Lu	o man De	151701
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION	IVEN IN PART 1	0.1
O	100 TO 10	10 C PSC 1							
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFO	RMED	20g AUTOPSY?	20b. IF Y	ES, WERE FINDIN	NGS USED
LIFE						YES NO DO		TIFYING CAUSES YES	OF DEATH?
3	218. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJU			140 []
	OR CONTRIBUTING CAUSE OF DE								
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e PLACE OF INJURY	19	21f. LOCATIO	N N				
ME		LAT HOME STREET, FACTORY	OFFICE, FARM ETC }	STREET	214	CITY OR TO	WN	COUNTY	STATE
	AT WORK NOT WHILE								
	22a.1 certify that (1) (this hosp,	A DESCRIPTION OF THE PERSON OF	from 25		- 19			19	
	sow the deceased alive on	i view the bady affin death.	-19 Cond	thot in (my)	(our) opinion o	death occurred on the d	ote and he	our and from the	couses stated
	17h STATURE	011	₩ DI	GORES,				TIC DATE	SIGNED
	Remon	1. Pour	n bef	h Hos	TTENDING 1	MEDICAL STA	TANKET.	12-6-	-82
	7M PHYSICIAN'S NAME COM	of PROPERTY.	1/1	22e ADDRES		THE CONT.	the a LT	120	-
	Dr. Ramon Pim	entel Ir.	.0	7501	Liberty	y Rd. 212	07		
23a	BURIAL, CREMATION, REMOVAL		23c. NAME OF CE			123d LOCATION		-	
	(SPECIFY)	12-8-82	Lorraine		UNE THAT ON I	Wood lawn	Ba7.	timore	MDSTATE
	urial UNERAL DIRECTOR-				20 ISE DATE			STRAR'S SIGNAT	
_	UNERAL DIRECTOR Loring	Byers Funera	DRESS DIFECTO	118, 17	DEC.	4000	0	A A	ORE D
8	728 Liberty Rd.	ranaalistow	m, ma. 2	1133	DEC	1 1902	10-1	my le	sheeld

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR.

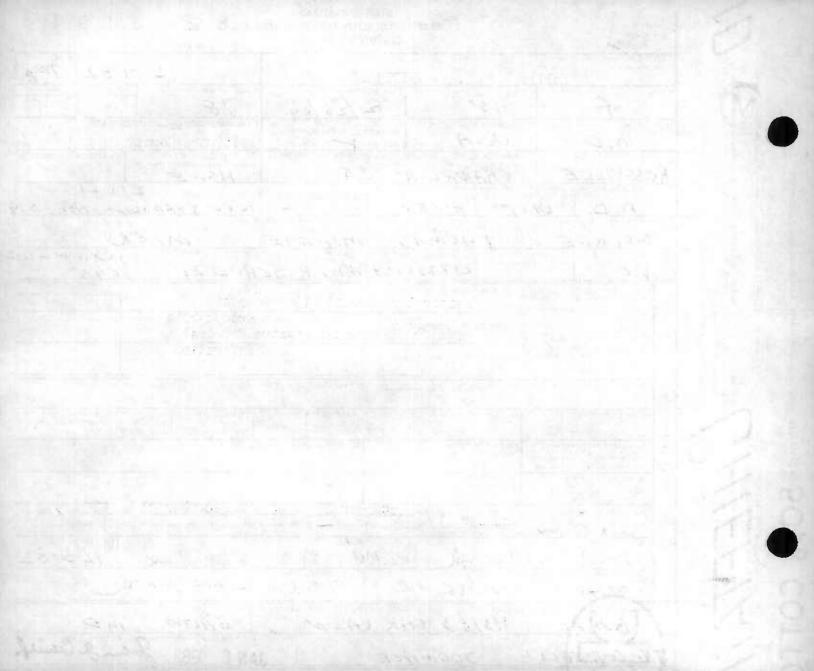
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(VRA 15, 4)

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1869-98 M. "Green Ave.

1.0	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	GIENE 8 2 3	1013
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
汽車 (11	ECEASED NAME FIRST PE OR PRINT)	MIDDLE LAST	20. DATE OF DEATH MONTH DA	10.110011
3.6	Moll			FUNDER 1 YEAR IF UNDER 24 HRS
3.5	5	4. RACE 5. DATE OF BIRTH MONTH 2 / 26/04		ONTHS DAYS HOURS MIN.
2 35 70 1	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or county of Baltimore County	
	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)	12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
	OSSVILLE	FRANKLIN SQ.	HSWE	
35 USL 130.		ROTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) NTY 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? PL70 PSSEX YES NO	130. STREET ADDRESS 2	1221
5	ATHER'S NAME	15. MOTHER'S MAIDEN N		IN APT. 519
20	GEORGE	MODILE THOMAS MINNIE	MIDDLE	R S LAST
8 160.	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS	foxwood L
16a.	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 217220254 MM. R 5	CHULTZE	1045
+ +				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rent,	PART I. DEATH WAS CAUS	nly one couse per line for (o), (b), and (c). ED BY: TE CAUSE (o) Respiratory Arrest with P	rogessive	- POWER ON SET AND SEATH
ar re	W2 UG	(I) CA03E (0)	Bradycardia	
Om, o	Conditions, if ony, which	OUE TO, OR AS A CONSEQUENCE OF Left Frontoparietal Massi	ve Cerebral	
10	gove rise to immediate		Infarction	
othe	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF		
ury, or	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART HO
Hygiene prior to to 8 shows ony injur	19g. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
3) E				ING CAUSES OF DEATH?
Sho ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR		
d or Item	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY 21f. LOCATION		
ME ed o	WHILE O NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	AT WORK	ital) attended the deceased from December 26 19 82	December 31	o 82 that M (we) lost
nork		The december from	n death occurred on the date and hour	, moi X (we) losi
is mork		t) view the body after death.	The second of th	226. DATE SIGNED
m 21 is mork	sow the deceased alive or above, A (we) (did) (and a			
If them 21 is mork	22b. SIGNATURE	DEGREE ALLO ATTENDING	_ MEDICAL _ STAFF	
NT: If them 21 is mork	Robert a.	Kolanezyh MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-31-82
NT N	226. SIGNATURE OF THE STATE OF	Kolareyk DEGREE MO ATTENDING PHYSICIAN OR PRINT) 1216. ADDRESS	DIRECTOR PHYSICIAN	12-31-82
MPORT	22b. SIGNATURE KOBELT A.	Kolaneyh MO ATTENDING PHYSICIAN OR PRINT) KOLARCZYK, MO FLANKLIA	DIRECTOR DHYSICIAN SOLLAR	12-31-82
with the State Dept. of Health of MPORTANT: If them 21 is mork	226. SIGNATURE OF THE STATE OF	DEGREE MO ATTENDING PHYSICIAN OR PRINT) KOCARCETK, MO 220. ADDRESS FLANKLIA L 236. DATE 236. NAME OF CEMETERY OR CREMATORY	DIRECTOR DHYSICIANS	12-31-82 COUNTY STATE
IMPORT 130°	226. SIGNATURE LOBELT A. BURIAL, CREMATION, REMOVAL	DEGREE MO ATTENDING PHYSICIAN OR PRINT) KOCARCETK, MO 220. ADDRESS FLANKLIA L 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY OF COMMENT OF CEMETERY OF CREMATORY	DIRECTOR DHYSICIAN SOLLAR	12-31-82 COUNTY D. STATE



- STATE

TYPE OR PRINTI

SEX

REGISTRAR

ROSE

4. RACE

DECEASED NAME

STATE OF MARYLAND

WHITEHEAD

5 DATE OF BIRTH

WIDOWEDXX

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

OCT. 10° 1894°

MARRIED NEVER MARRIED

88

REG. NO 20 DATE OF DEATH MONTH DECEMBER 14, 1982

6 AGE (IN YEARS LAST BIRTHDAY)

3:20 IF UNDER 24 HRS

2b. HOUR

9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY

120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR HOUSEWIFE WORKING LIFE

MIDDLE

INDUSTR'HOME

21215

21209

UNKNOWN

138 INSIDE CITY LIMITS? 134004 FORDLEIGH RD. 15. MOTHER'S MAIDEN NAME

MARY

DIVORCED [

17 INFORMANT MRS. FRANCES SINMAN 5810 GREENSPRING AVE. BALTO., MD

20a AUTOPSY?

YES NOT 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

4 km DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

215. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

P.M.

BALTIMORE

HOLTZBERG

166 SOCIAL SECURITY NO.

154-01-7730

21f. LOCATION

ATTENDING PHYSICIAN

STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

and that in (my) (aur) apinian deoth occurred on the date and hour and from the causes stated 22¢ DATE SIGNE

CITY OR TOWN

DEGREE

22e ADDRESS

6610 CROSS COUNTRY BLVD. BALTO., MD

MAURICE FELDMAN, M.D.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23 DECE. 16, 1982 23c NBAELT TMORE CHEBRERY

23d REISTERSTOWN

DIRECTOR PHYSICIAN

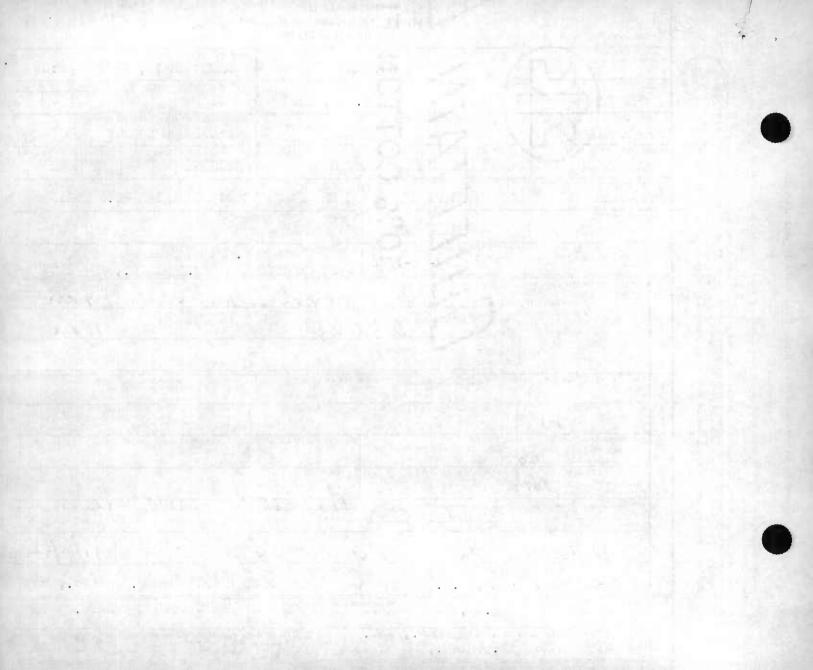
BALTO. MD

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO DE MD

MEDICAL

250. DATE REC'D. BY REGISTRAR 256 DEGISTRAR'S SIGNATURE

2HMH - 16 50M 1781 (VRA 15, 4)



ADDRESS

Eline Funeral Home, Hampetead, Md.

1982

NAME

(VRA 15. 4)

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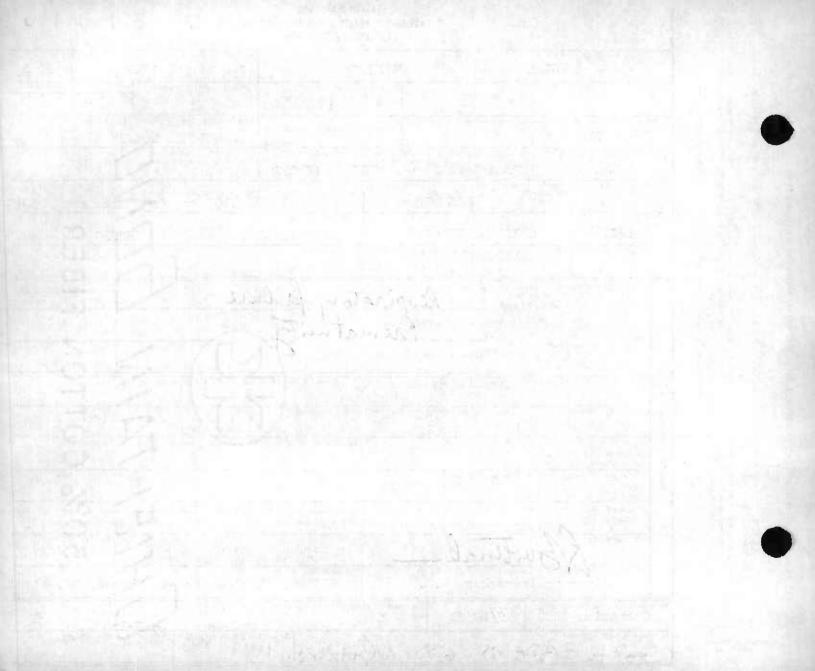
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

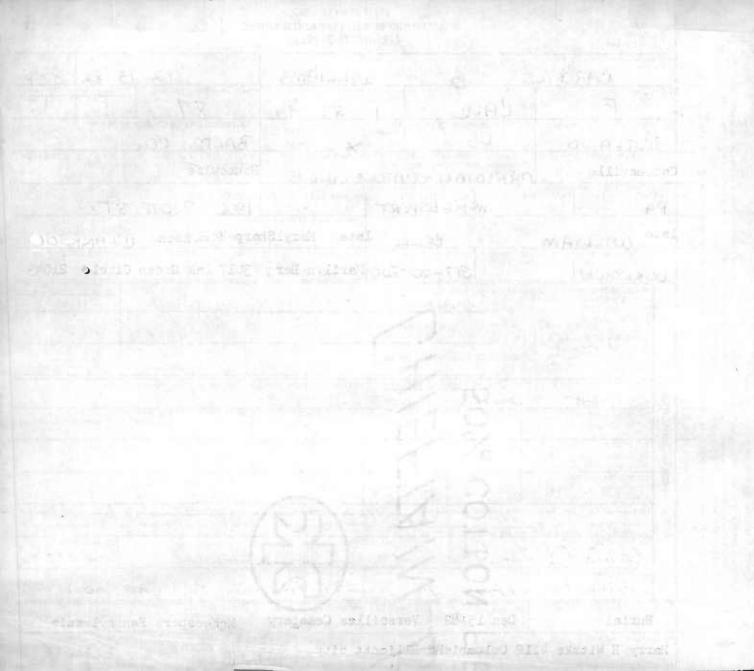


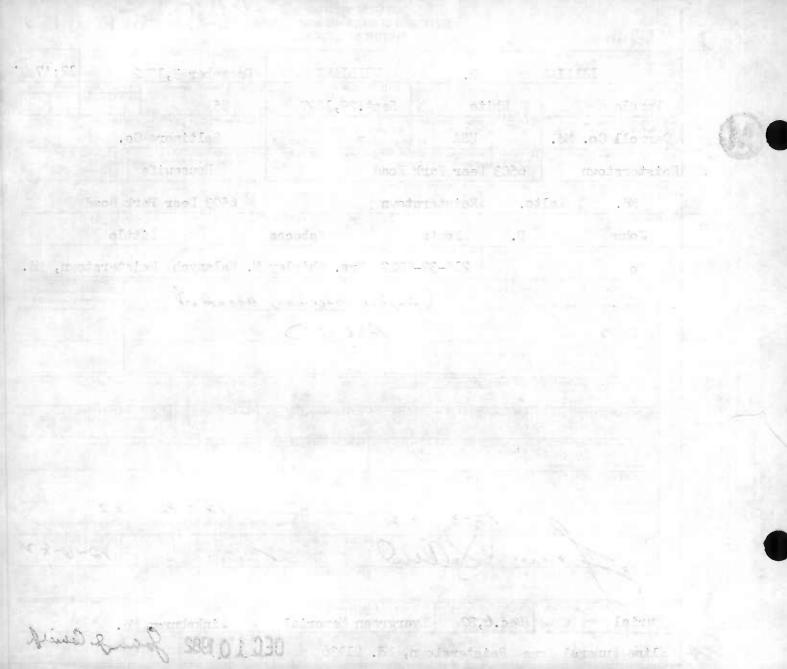
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(VRA 15, 4)

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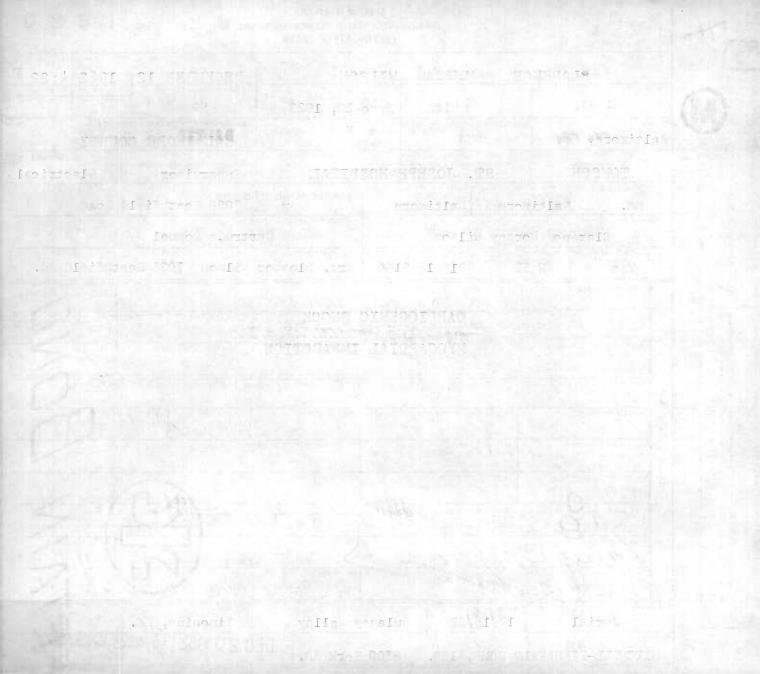


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DEPARTMENT	1) F	HE	Al'	тн	AND	ME

ENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CENTIF	ICATE OF DEATH	R	EG. NO.			
		CEASED NAME FIRST	MIDD	LE	ı	AST	2a DATE OF DEA		DAY YEAR	2b HOUR	
		CLAREN	CE WI	LLIAM	WILS	ON	DECEM	BER 12	. 1982	4:22 }	
	3. SE		4 RACE		S. DATE C		6. AGE (IN YEARS)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
		M ale	W	hite	June	20, 1923 YEAR	59	YRS.	MONTHS DAYS	HOURS MIN.	
ř	₹a. Bi	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WH	AT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH				
Ž		ltimore, Md.	USA		WIDOWE	D DIVORCED	BALT	M			
ŕ		TOWSON	(IF NOT IN SUCH FA	JOSEPH	HOS HOS	PITAL	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Supervisor 12b. KIND OF BUSINESS (INDUSTRY Electric				
7	13a S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN Balti)	TY 13c	CITY OR TOW altimor	N	13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDI 7038 H	eathfie	ld Road		
100	14 FA	THER'S NAME Clarence D	orsey Wil	son		15. MOTHER'S MAIDEN NAM	ertrude R	ommel	LAS	ST .	
	16a V	VAS DECEASED EVER IN U.S. ARA		SOCIAL SECU	RITY NO.	17. INFORMANT	-	ADDRESS			
		Yes (IF YES GIVE	II 2	16 16 9	194	Mrs. Eleanor	Wilson	7038 He	eathfie:	Ld Rd.	
		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	y ane cause per line	far (a), (b), and	d (c)				APPROX BETWEEN	IMATE INTERVAL	
	- 1		CAUSE (a) C	7RD106							
		4100	DUE TO, OR AS	ARDIOUE A CONSEQUE	NCE OF	SHOCK	, ,				
		Conditions, if any, which gave rise to immediate	(b)_N	WOLAR	DIAZ	- INFARCTI	01				
		cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUE	NCEOF	INFARCTION					
			(c)								
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
)	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA				
	RTIF						YES NO	Y	ES 🗌	NO [
ì		210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAT	21b. TIME OF IN HOUR A.M.	JURY . MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE O	OF INJURY IN ITEM 18	PART (OR PART 2)	3	
	ICAI	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.		19					1.00	
	MEDICAL	21d INJURY OCCURRED	2 THE PLACE OF I		ARM ETC)	21f. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE	
		AT WORK AT WORK			- / -						
ı		220.1 certify that (1) this haspite saw the deceased alive on_	ol) ottended the de	ceosed fram_		1982	, ta	12/12	1982	that (1) (we) last	
		obaye (1) (we) did (did not	view the body ofte	r death.		d that in (my) (aur) opinian o	death occurred on	the date and ha			
		ITH SYSTATURE	10011		-	ATTENDING	MEDICAL	STAFF	22c. DATE	SIGNED	
4		AN PHYSICIAN'S WAME INTO	Tien	un	-	PHYSICIAN L	DIRECTOR P	HYSICIAN [11/2	482	
	1	RADAL /Hos	wood		3/4	7600 OSCER	Daue	THICK	1 10 1	5/204	
	23 / B	urial, cremation, removal	23b. DATE	123, N	IAME OF CI	METERY OR CREMATORY	23d LOCATION		N MID.	21204	
		Burial	12/16/8			y Valley	Timon	ium, Md.	COUNTY	STATE	
	24 FL	INERAL DIRECTOR				250 DAI	BEC'A PAREOUS	SEADING DECK			
		NAME		ADDRESS		120 441	hack dilla	LUNG CONTOT CALO	IRAR SOIGHA	July 1 4	

DHMH - 16 50M 1/B1 (VRA 15, 4)



A. Alan Seitz, Jr. 3818 Roland Ave. 21211

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		W. E. J.			

A. Alan Seitz, Jr. Bald Roland ave. 21211

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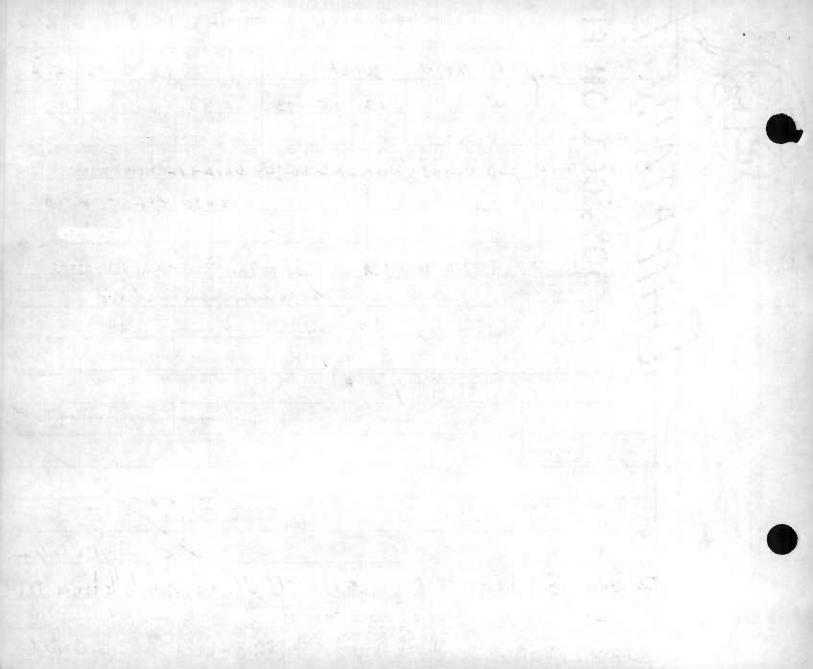
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-1		STA	TE OF MARYLAND		
1	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG IFICATE OF DEATH	tio tio	3 1 0
	ECEASED NAME FIRST	MIDDLE	LAST	REG. NO	MONTH DAY YEAR 26 H
(TVI	PE OR PRINT)	IAM IRVIN	WOLF		12 2 82 4
3 5			OF BIRTH	6 AGE (IN YEARS LAST BIRTI	
18	M	W	2 15 93	88	MONTHS DAYS HOU
Pa. E		TA CITIZENI OF WHAT COUNTRY?		9 BALTIMORE CITY OF	COUNTY OF DEATH
	MARYLAND	U.S.A. WIDON	IED NEVER MARRIED DIVORCED DIVORCED	Baltimore	Cormtu
10 (TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		12a USUAL OCCUPATIO	ON 12b. KIND OF BUS
R	ANDALLSTOWN	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OLD COURT NU	RSING CENTER	TYPE OF WORK FOR MOST OF	ARMEN Farming
JSU 30	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	٧)		Talmer.
N		imore Woodstock	YES NO X	13e STREET ADDRESS 2620	OFFUT ROP
14. F	ATHER'S NAME		15 MOTHER'S MAIDEN NAM	AE .	01.011 1001
	Peter	WOZF	Wilhelmin	WIDDLE	Ehrhard
	WAS DECEASED EVER IN U.S. ARA			lian W. Wol	5. Dr. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17
	Yes WW		2620 Offutt	Rd. Woods	tock. MD 2116
CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BE		20a AUTOPSY?	20b. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DI
HE E	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1214 HOW IN HIRV OCCURR	YES NO	YES NO
	OR CONTRIBUTING CAUSE OF DEAL	HOUR A.M. MONTH DAY YEA		LENTER NATURE OF INJURY	IN HEM IS PART I OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19 21e PŁACE OF INJURY	211 LOCATION		
A.	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, FARM ETC.)	STREET	CITY OR TOW	VN COUNTY
	22a.1 certify that (1) (this hospite	of ottended the deceased from	11/200	10 9/0	f 2_ 19 that (
	sow the deceased alive on_	9 1+2-19	and that in (my) (our) opinion d	leath accurred on the dat	te and hour and from the couses
- 0	obove, (In(we) (did) (did not 22b. SIGNALUE	view the body after death.	DEGREE		22c. DATE SIGNI
100	Kine	(Com	ATTENDING PHYSICIAN	MEDICAL STAFF	
	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	. 1.	1
2	DeRome (911	nsbug	5310011	Ct. Kd. 1	Kandalle tana
	BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY	23d LOCATION	1577-15 10 010
3	(SPECIFY) Burial	12/4/82 Mt. Po	ran Cemetery	Randallst	own Baltimore
24 F	UNERAL DIRECTOR Loring	Byers Funeral Direc		REC'D. BY REGISTRAR 2	TRAR'S SIGNATURE
8	728 Liberty Rd	Randallstown MD	21133 NF	3 - 1982	Solund Con



*	1	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYGI	ENE 8 2	3	10	2 6
by be death	TYP	CEASED NAME FIRST	na Re	MIDDLE 200	WOLF			December		32	26. HOUR 9:40PMM
oge 4 moy	3. SE	Female	1. RACE Whi		S. DATE C	PE BIRTH	YEAR 91	6. AGE (IN YEARS LAST BIF	YRS.	NIHS DAYS	IF UNDER 24 HRS HOURS MIN.
deorh. Poge		IRTHPLACE (STATE OR FOREIGN PUNTAY) Pennsylvania ITY OR TOWN OF DEATH	U.S.		WIDOWE		ORCED	Baltimore city of Baltimore	County	/•	MD.
by the		Rossville AL RESIDENCE (IF NURSING HOME	Fran	HOSPITAL, NURSING FACILITY, GIVE STREET	re Ho		ITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION OF WORKING LIFE)	INDUSTRY	BUSINESS OR
y filled in should be er frame by	130.	Maryland Bal	timore	13c. CITY OR TOW	N	13d. INSIDE CI YES 🗌	TY LIMITS?	102 Avon	Avenue	21222	
a completely confidence of completely cond 2 si		Charles	WIDDLE	Larken		Ma	MAIDEN NAM FIRST	Elizabe	th t	Hickson	Ł
S. Pog		WAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	187-01-		17. INFORMAI		Dorowitch	102 Ave		2/222
requires that the death certificate in signed by the attending physici. Then please remove carbon paper in to burial, cremation, or removal, injury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, O (b) DUE TO, O (c)	Congestive R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO C	NCE OF			NAL DISEASE OR CON	DITION GIVEN	IN PART 1/a	
he low on. hos be ene price ows ony	CERTIFICATION	19a. DATE OF OPERATION		ITION FOR WHICH	OPERATION		-20	200 AUTOPSY? YES NO NO	IN CERTIFYII YES	hand	GS USED OF DEATH?
SICIAN: 19 physicartifica real-treation of the side	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURTED)	DEATH HOUR A.	M. MONTH DA	YEAR			D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I 1 OR PART 2)	
the the ked	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.		211. LOCATIO STREET		CITY OR TO		COUNTY	STATE
NR ATTENDING hospital are IRECTOR: Afri- thed for use os ept. of Health Hem 21 is morf		220.1 certify that XX this has sow the deceased alive above, (I we) (did) (did) 22b ars Na Links	on Decemb	per 26.19	32 <u>,</u> on	d that in (Ay) (, 19 <u>82</u> (our) opinion de	, to Decembe			
0 9 0 0 ±		22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	unn		D A	TTENDING HYSICIAN	MEDICAL STA		12/	26/82
TO HOSPITAL retained by to TO FUNERAL should be det with the State IMPORTANT:	220	Marc Levins		122.	IAME OF C	9000 I		n Square D	rive 2	1237	
BP		BURIAL, CREMATION, REMOV, (SPECIFY) Burial UNERAL PRECTOR	23b. DATE 12-3		acred	Heart	lar our	Dundalk REC'D. BY REGISTRAR	Balta	OUNTY 2. CO.	Md STATE
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-
CERTIFICATE OF DEATH	

	REGISTRAR			CEKITI	ICATE OF D	EATH	REG. N	0.		
JTYP	CEASED NAME FIR ANNA	BEL I	MASON	W	OOD		20 DATE OF DEATH Decembe	MONTH	1982	26 HOUR 2 10P
3 SE	Female	4 RACE White		5. DATE O		89 ´ Î	6 AGE (IN YEARS LAST BIR	THDAY) YRS.	MONTHS DATS	IF UNDER 24 HRS
	IRTHPLACE (STATE OR FOREIG	U.S.A		MARRIE		ORCED	9 BALTIMORE CITY O Baltimor			, MD
	Towson	(# NO 14 SUC	HOSPITAL, NURSIN HEACHTY, GIVE STREET Dulaney	Valle	y Road	NOITUT	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemaker			OF BUSINESS OR
13 M		one or other institution, COUNTY Baltimore	13c. CITY OR TOWN TOWSON		13d. INSIDE CIT YES 🗌	Y LIMITS?	13e. STREET ADDRESS 946 Dula	ney V	alley F	Road
	Titus	Ľ.	Mason		15. MOTHER'S Aug	MAIDEN NAM IRST USTA	WE		Melcher	ST
16a \	NAS DECEASED EVER IN U.		166 SOCIAL SECUI 213-74-06		Mr. R.		Wood 1814		urn Roa	d 21204
z	Conditions, if ony, whis gove rise to immedia couse (a), stoting to underlying couse to PART 2 OTHER SIGNIFIC.	tch (b)	R AS A CONSEQUE	NCE OF	NOT RELATED I		inal disease or cont			0-
CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES	NGS USED OF DEATH?
EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX.	OF DEATH HOUR A.	M. MONTH DA	Y YEAR		d Ex	ED (ENTER NATURE OF INJUR			
MED	21d. INJURY OCCURRED WHILE DOT WHILE AT WORK	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION	N	CITY OR TO	wn /	COUNTY	STATE
	27a.1 certify that (1) (this saw the deceased all	13/2	Peceosed from			, 19 ur) opinion d	eoth occurred on the do	ste and hou		that (I) (we) lost couses stated
	Luoma)	L. Ware	ley	M.C	PI	TENDING HYSICIAN	MEDICAL STAP		12/2 12/2	SIGNED
	Thomas L	. Worsley,	M.D.		22e ADDRESS 6505	York R	Road			
22- 6	HIDIAL COCALATIONS DELLE	CALLED AND DATE	0.0	ALLE OF C			TOTAL LOCATION			

DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT: If the

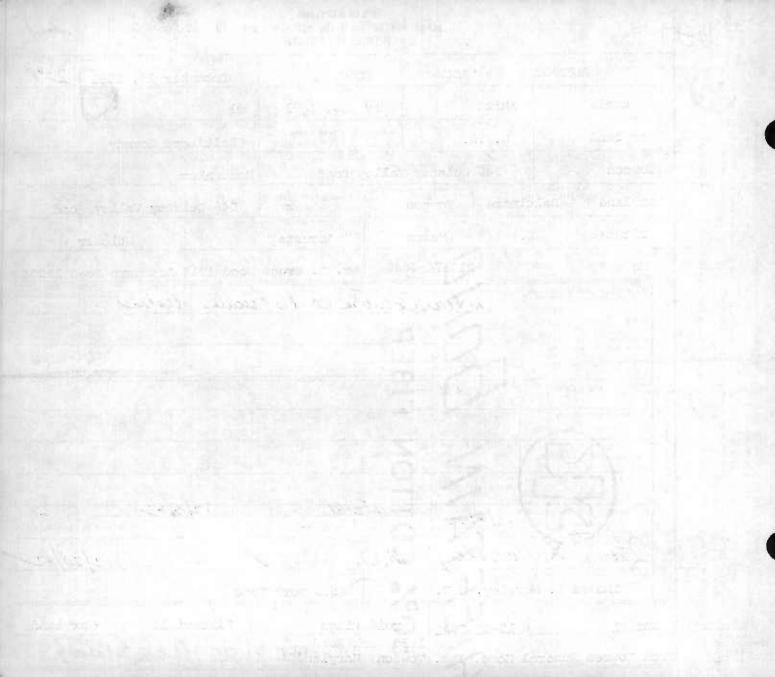
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Burial

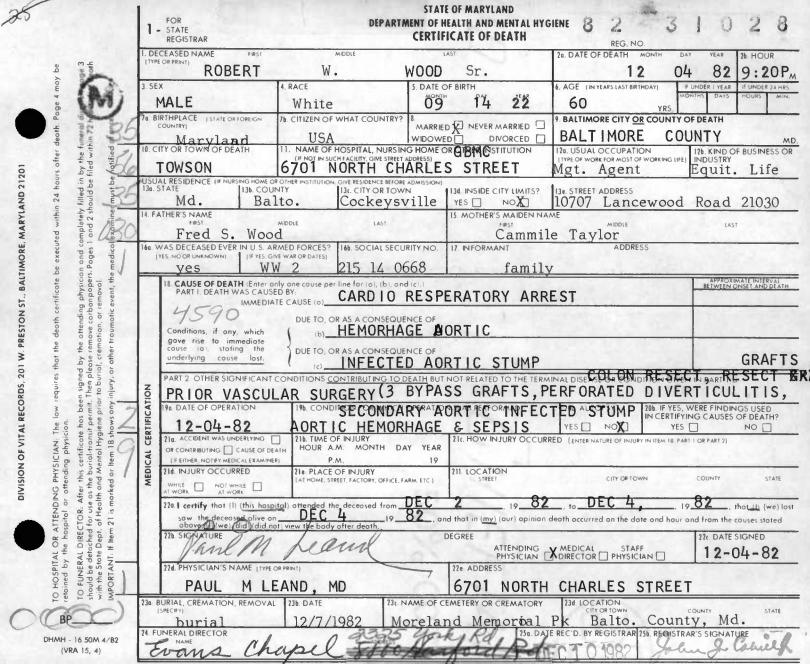
Druid Ridge

Pikesville

Maryland

ADDRESS TOWSON, Maryland CC 21 1982





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(VRA 15, 4)

C. 1, ... DeSt.31 .test 991184 | Sienasa.d presigned Outage Hills 15 Teament Hill lane Housewilth No. Bales. .wines Mills ... 20% Brook Blank 25-07-34461 Hove w. Woodserd Column Hills, Md. Luciel Eve. 17,1988 Margard Hill Constant vilue, Edito. He. Cologs Wille, Md. To Hard Holes

STATE OF MARYLAND

/	1 - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	
	1. DECEASED NAME FIRE	IA MAY YELLEN	LAST	12/15/82 4:55PM
	Female Female	4. RACE White	5. DATE OF BIRTH March 25, 1905	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR FUNDER 24 HRS MONTH'S DAYS HOURS MIN.
7	New Jersey	U.S.A.	MARRIED NEVER MARRIE	BALTO. COUNTY MC
10	TOWSON	11. NAME OF HOSPITAL, NURS IN 11 (IF NOT IN SUCH FACILITY, GIVE STREET 16701 N CHARLE	(ADDRESS)	126 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) Practical Nurse Weber Agency
5	USUAL RESIDENCE (IF NURSING HI 130. STATE Maryland	ome or other institution, give residence before COUNTY 13c. CITY OR TOV Baltimore Towsor	YN 136. INSIDE CITY LIM 1 YES NOX	305 E. Joppa Road
0	14 FATHER'S NAME Edward	Ready	15. MOTHER'S MAIDI Ida	M. Herrick
	(YES, NO CRUNKNOWN)	S. ARMED FORCES? 166 SOCIAL SECU YES, GIVE WAR OR DATES) 261-40-1		M. Blevins 920 Radcliffe Road
	PART I. DEATH WAS C	nter only one couse per line for (o), (b), or AUSED BY: CARD IO	DPULMONARY ARE	REST
	Canditions, if any, whi	DUE TO, OR AS A CONSEOU	TIC CERVICAL	CANCER TO LEFT LUNG
	gove rise to immedia couse (a), stating t underlying couse la		DENCE OF	
		ANT CONDITIONS CONTRIBUTING TO		HE TERMINAL DISEASE OR CONDITION GIVEN IN PART To
7	DEHYDRA1	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
		OF DEATH HOUR A.M. MONTH D		OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM. ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
		haspital) attended the deceased from	NOV 5. 10	82 to NOV 15. 19 82 that (I) (we) lost

DEGREE ATTENDING PHYSICIAN

82, that (I) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

22c. DATE SIGNED

MEDICAL STAFF
DIRECTOR PHYSICIAN

22e ADDRESS

GBMC

23d. LOCATION

COUNTY

STATE

24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2

(VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

12-18-1982

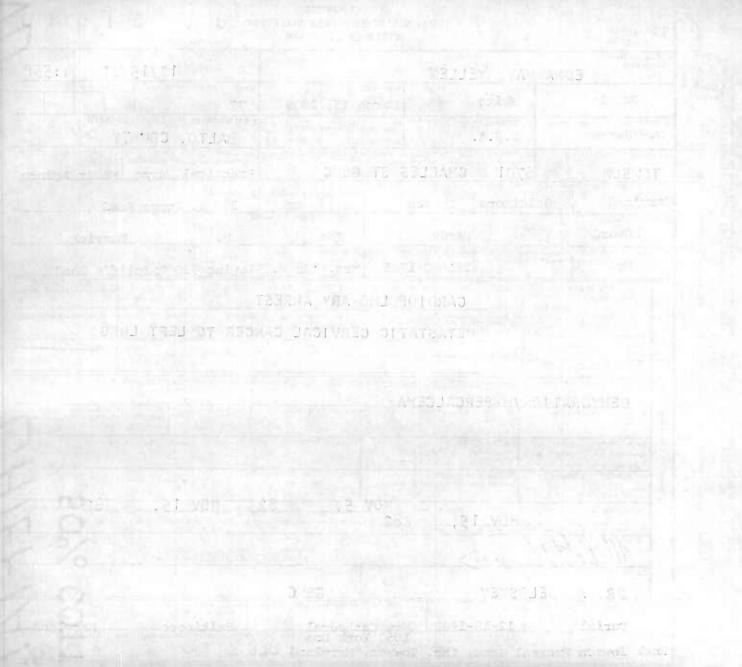
DELOSKEY

23c NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

Burial Ruck Towson Funeral Home, Inc. Towson, Maryland

New Cathedral | Baltimore | 1050 York Road | 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEC 21 1982 | Solution of the Control of



DECEMBER HOLL & Comp. Change

	1.	FOR - STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		ENE 8 2	3 1	0	3 2
		CEASED NAME FIRST		MIDDLE		AST		28. DATE OF DEATH MO			b. HOUR
103	,	REGIA	VA		YA	KEL		1	a 24	82 3	PM
8.0	3. SE	X	4. RACE		5. DATE O		VEAR 6	S. AGE (IN YEARS LAST BIRTHD	AY) IF UNDE		IF UNDER 24 HRS
P		Female	White		2		92	90	YRS.		Mild.
(M)	5	THPLACE (STATE OR FOREIGN COUNTRY) Md.	U.S.	WHAT COUNTRY	MARRIE		ED 🗆	BALTIMORE CITY OR C		OUN	ITV MD
162 160/	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUT		120. USUAL OCCUPATION		KIND OF E	BUSIMESSOR
B 10		Towson	STEL		RIS	HOSPIC	E	Dressmaker			
	13a. :	AL RESIDENCE IN NURSING HO.	MEGR OTHER INSTITUTION OUNTY	13c. CITY OR TO Balto.	ORE ADMISSION) WN	13d. INSIDE CITY LI		30. STREET ADDRESS 2208 N. C	harles	St.	
ompletely ond 2 s		ATHER'S NAME FIRST Joseph	WIDDLE	Yakel		15. MOTHER'S MAI		E	Cum	mings	3
Poper		WAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE NO	S. ARMED FORCES?	16b. SOCIAL SEC 216-32-		17. INFORMANT		ADDRESS			
been signed by the of ornst. Their please remon prior to buriol, cremonts any injury, or other from	CERTIFICATION	Conditions, if ony, whice gove rise to immediate couse to, stating the underlying cause last PART 2. OTHER SIGNIFICA	DUE TO, C		UENCE OF			NAL DISEASE OR CONDIT	ION GIVEN IN I	E FINDING	S USED
Hypiers 18 shows	CERTIF	210. ACCIDENT WAS UNDERLYING	the second of the second of	OF INJURY	DAY YEAR	21c. HOW INJURY	OCCURRE	YES NO	YES 🗌		NO 🗆
buriel h Mental	MEDICAL	OR CONTRIBUTING CAUSE OF CHEER NOTIFY MEDICAL EXACTLE OF THE CONTRIBUTION OF THE CONTR	MINER) P	P.M.	19	21f. LOCATION					
ter the street of the street o	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	TREET, FACTORY, OFFICE	FARM, ETC)	STREET		CITY OR TOWN	co	YTMUC	STATE
RAL DIRECTOR: Af detached for use o hate Dept. of Health NT, If Bern 21 is mo	W. C. W.	220.1 certify that (I) (this h saw the deceosed aliv above, (I) (we) (did) (d 22b. SIGNATURE	e on d nat) view the bad	19		DEGREE ATTEN PHYSI	opinian de	medical STAFF	22		
TO FUNERA should be de with the State IMPORTANT		BURIAL, CREMATION, REMO			. NAME OF C	220 ADDRESS EMETERY OR CREM.	ATORY	23d. LOCATION CITY OR TOWN	COUN	aŢY	STATE
16 50M 4/82 (A 15, 4)	24. F	UNERAL DIRECTOR NAME Anatom	y Board	ADDRESS	Balt	o., Md.		2 9 1982	GISTRAR'S	SIGNATUR 2. Cal	week

	1 - STATE REGISTRAR	DEPAI	CERTIFICATE OF DEAT		3 1 0 3
	DECEASED NAME FIRST	WIDOLE	LAST	2a. DATE OF DEATH MO	NTH DAY YEAR 26. H
ath	TYPE OR PRINT) Eliz	abeth Marie	Young	December 2	6, 1982 8:
3.	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	
(B.F	Fema1e	White	3 30 1	890 92	YRS. MONTHS DAYS HOUR
170	BIRTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR C	OUNTY OF DEATH
-	Pennsylvania	U.S.A.	WIDOWED DIVORC	D 4	County
notified of	Catonsville	11. NAME OF HOSPITAL, NUR LITTLE SISTEM	SING HOME OR OTHER INSTITUTION		126 KINDOR BLIE
5.211	30. STATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEINDRY INTY Ltimore Catons	OWN 13d INSIDE CITY LIM	AITS? 13e STREET ADDRESS 5405 01d F1	rederick Rd.
2 2 14	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIL	DENNAME	
UNIC	John	E. Kel	.1y Mars	garet J.	Brad
0 16	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		ADDRESS	21229
medical 16	(YES, NO OR UNKNOWN) (IF YES, GI	213~74	-2154 Agnes M	Owens 5405 01d	Frederick Ro
ows any injury, or athe	COUSE (0), stating the underlying couse lost. PARTY OTHER SIGNIFICANT THE DATE OF OPERATION 710, ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING T	RIENGE OF SEMILE OF THE SEMILE TO THE SEMILE OF THE SEMILE	1200 AUTOPSY 10	ONONEN IN PART 10 DE LA CERTIFYING CAUSES OF DE LES CONTROL OF DE
Hygie 8 sho	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY	OCCURRED (ENTER NATURE OF INJURY IN	to the second se
	OR CONTRIBUTION CAUCE OF DE		DAY YEAR		
or It	(# EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
rked	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) STREET	CITY OR TOWN	COUNTY
of Health	sow the deceased alive a above (1) (we) (did) aid a	pital) arended the deceased from	82, and that in my (our)	ppinion death occurred on the date	ond hour and from the cause
detocher tote Dept NT: If Iten	Dennis M	Smith	DEGREE ATTENI	CIAN DIRECTOR PHYSICIAN	- V-V-X-X-X
with the Simple	JENNIS H.	DrivH MD.	3455 WI	IKONS AVE, B.	
23	DUDIAL COFFICE PROCESS	L 23b. DATE 23	NAME OF CEMETERY OR CREMA	TORY 23d, LOCATION	
	G. BURIAL, CREMATION, REMOVA			CITY OR TOWN	COUNTY
	(SPECIFY) Burial		Meadowridge Mem.	Pk. Elkridge	Howard Mar
//0	(SPECIFY)	12/31/82	Meadowridge Mem. 21229	Pk. Elkridge	COUNTY Howard Man

STATE OF MARYLAND

t . of the state of the contract of the contra Market Market St. W. Co. - " " " " " " The general street, the real street was not 2 2 28 and the contract of the con

		D.E
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be ed by the hospital or ottending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by IIII full intermentally page 3. It is detached for use as the burial-transit permit. Then please remove carbangapers. Pages 1 and 2 shauld be filled willing the death has state Deat, of Health and Mental Husane prior to burial, cremation, or removal.
NG O	PITAL OR ATTENDING by the hospital or a	SERAL DIRECTOR: After the detached for use as State Deat, of Health
	Sop	S P S

25	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	3	0 3 4
		CEASED NAME FIRST	MIDDLE TELEPOOLE		LAST TOTAL	20. DATE OF DEATH		P
d dead	0.05	CATHERIN				Dec. 26,		10:25 M
ge 4 m	t3 SE	Female	RACE White	S. DATE O	DE BIRTH DAY 1890	92	THDAY) IF UNDER 1 YI MONTHS DA YRS	AYS HOURS MIN.
od the Polymer	1	RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	U.S.A.	(? 8. MARRIE WIDOWI	D NEVER MARRIED	Baltimore CITY O	R COUNTY OF DEATH	, MD.
by the tu	10. CI	TY OR TOWN OF DEATH Towson	11. NAME OF HOSPITAL, NURS {IF NOT IN SUCH FACILITY, GIVE STRE Dulaney Tows	ING HOME (et address) on Cor	or other institution ival. Center	12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF THE		ID OF BUSINESS OR
filled in auld be in	13a. S MD	AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUN Balt	TY 13c CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1016 Maple	hurst Lane	21111
ed within			tipole Claus	en	15 MOTHER'S MAIDEN NAME FIRST Barb	AE MIDDLE		LAST
n and ca Pages 1	(VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 166. SOCIAL SEC WAR OR DATES) 220.54.		IT INFORMANT Emma E. Zieg	addre ler (same	as 13E)	
quires that the death cert signed by the attending hen please remove carboi to burial, cremation, arresinjury, ar ather traumatic er	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) ONDITIONS CONTRIBUTING TO	UENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PAR	T lio
bon. has been permit. I ene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
ICIAN: The physicial physicial physicial id-transit printal Hygier em 18 shave		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)
uG PHYS offending ter this of sthe bur h and Me rked ar It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f. LOCATION STREET	CITY OR TO	wn county	STATE
TTENDIN pital or TOR: Af for use a of Health		22a I certify that (I) (this begin saw the deceased alive on above, (I) (was made) (did not	all attracted the deceased am	Masi	nd that in (my) (>>>) opinion of	, ta	te and hour and fram	_, that (I) (we) last the causes stated
SPITAL OR A by the hos VERAL DIREC be detached State Dept. ANT: If Item		274 SIGNATURE SIGNATURE TO PROSICIAN'S NAME TOPO OF	Dunn	1 47	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAP DIRECTOR PHYSIC	10	107/82
TO HOSPIT TO FUNER should be own with the Str		M. Kevin Quinn			1205 York R		ille, Md.	21093
BP		BURIAL, CREMATION, REMOVAL	23b. DATE 12/29/82 N	NAME OF C	cidge Mem. Par	BELLAGE		Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)		ineral director 1ter Brooks Bra	dley, Inc., Bai	to., N		REC'D. BY REGISTRAR	REGISTRAR'S SIGN	shield

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